

Case Number:	CM14-0078717		
Date Assigned:	07/18/2014	Date of Injury:	06/07/2010
Decision Date:	09/09/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female who sustained an injury on 06/07/10 when she tripped and fell injuring her left shoulder and left knee. The injured worker had prior arthroscopic procedures for the left shoulder and left knee. The injured worker had also been followed for complaints of low back pain. Additional treatment included physical therapy and injections. The injured worker had been able to return to work on regular duty with modified activities by 10/13. The injured worker was utilizing medications for pain including Norco and naproxen. As of 04/20/14 the injured worker continued to have complaints of pain in the left knee radiating to the calf and shin. The injured worker was utilizing Naprosyn Norco at this visit. Physical examination noted some loss of range of motion in the left knee without evidence of instability. There was tenderness to palpation. The injured worker was prescribed tramadol 50mg every six hours at this visit. This was in addition to hydrocodone, gabapentin and naproxen. Follow up on 06/18/14 noted continuing complaints of left knee pain radiating to the lateral hip and left groin. The injured worker was not utilizing Norco at this visit but was requesting this medication for pain. Physical examination findings were unchanged at this visit. The requested tramadol 50mg #100 with two refills was denied by utilization review on 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50mg #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Tramadol (Ultram) Weaning of medications;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation submitted for review the injured worker was not obtaining significant benefit with Norco or anti-inflammatories such as naproxen. From current evidence based guidelines tramadol could be considered an option in the treatment of moderate to severe musculoskeletal complaints. Given the initial prescription of tramadol 50mg #100 in 04/14 this were there would have been no requirement there would have been no indication for multiple refills of this medication. Tramadol could have been utilized on a trial basis only however continuing refills would not have been indicated and were therefore not medically necessary.