

Case Number:	CM14-0079370		
Date Assigned:	07/18/2014	Date of Injury:	10/04/2011
Decision Date:	09/18/2014	UR Denial Date:	05/07/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male who reported an injury on 10/04/2011. The mechanism of injury was not provided for clinical review. The diagnoses include right knee contusion. The previous treatments included hypnotherapy, physical therapy, shockwave therapy, and medications. Within the clinical note dated 06/11/2014, it was reported the injured worker stated he was feeling better after having ventral valve replacement. Upon the physical examination, the provider noted midline suture and chest scar. The request submitted is for tramadol. However, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93-93, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for tramadol 50 mg #270 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete physical examination including a pain assessment. The injured worker had been utilizing the medication since at least 04/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.