

Case Number:	CM14-0084649		
Date Assigned:	07/21/2014	Date of Injury:	07/05/2007
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 & 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 63-year-old male who reported an injury on 07/05/2007. The mechanism of injury involved a fall. Current diagnoses include knee degenerative joint disease, lumbar sprain, cervical disc degeneration, and chronic pain syndrome. The injured worker was evaluated on 06/24/2014 with complaints of neck pain radiating into the trapezius muscle with numbness in the right upper extremity, low back pain, bilateral knee pain, and right heel pain. The current medication regimen includes Lyrica, Tramadol, and Prilosec. Previous conservative treatment also includes physical therapy and a cervical epidural injection. The injured worker has also undergone an L4 to S1 anterior and posterior spinal fusion and a right knee arthroscopy with right total knee replacement. Physical examination revealed an externally rotated gait on the right, positive pes planus bilaterally, pain at the Achilles insertion on the right, swelling of the right knee, limited range of motion secondary to stiffness and pain, and ongoing neck and low back pain. Treatment recommendations at that time included continuation of the current medication regimen and an appeal request for right knee physical therapy. A previous Request for Authorization was submitted on 05/21/2014 for physical therapy, Lyrica, and Tramadol 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #25 over 12 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 10/2013 without any evidence of objective functional improvement. Additionally, there is no frequency listed in the request. As such, the request for Tramadol 50 mg #25 over 12 days is not medically appropriate.