

Case Number:	CM14-0098013		
Date Assigned:	07/28/2014	Date of Injury:	11/07/1997
Decision Date:	10/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 70-year-old female who reported an injury on 11/07/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included degenerative joint disease of the knee, chronic pain syndrome, and shoulder sprain/strain. The previous treatments included medication, TENS unit and acupuncture. In the clinical note dated 07/31/2013, it was reported the injured worker complained of bilateral shoulder, low back, and left knee pain. The injured worker rated her pain 8/10 in severity. The medication regimen included Protonix, tramadol, Voltaren gel. Upon the physical examination, the provider noted the injured worker had increased shoulder pain and worsening with range of motion. The provider indicated the left knee had crepitus with some discomfort. The provider requested tramadol for occasional flares. A Request for Authorization was submitted on 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

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 50mg, #60 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 during patient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.