

Case Number:	CM14-0099901		
Date Assigned:	09/12/2014	Date of Injury:	09/27/2012
Decision Date:	12/18/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 Pain Medicine, and is licensed to practice in California. 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 60-year-old male who reported an injury on 09/27/2012, due to an unknown mechanism. Diagnoses were cervical sprain/strain, right shoulder post-traumatic arthrosis at the acromioclavicular joint with partial or complete tear of the rotator cuff, right knee medial meniscal tear and lateral meniscus tear plus osteoarthritis of the right knee, anxiety, insomnia, morbid obesity with 120 pound excess, status post arthroscopic subacromial decompression and partial distal claviclectomy and open repair of the rotator cuff, lumbar sprain/strain secondary to bad biomechanics from use of shoulder brace. The injured worker had right knee arthroscopy on 03/14/2014. Physical examination dated 04/15/2014, revealed that the injured worker had a subtotal lateral and medial meniscectomy. The injured worker was going to pool therapy 2 times a week and land therapy once a week. Examination revealed the injured worker could squat 60% while holding on to a table. Range of motion for the right leg extension and flexion was 0 to 100. Medications were phentermine, fluoxetine, butabarbital, tramadol and a topical cream of ketoprofen, gabapentin and tramadol. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91-94, 75, 80-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The decision for tramadol 150 mg quantity 60 is not medically necessary. The California Medical Treatment Utilization Schedule state that central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.