

Case Number:	CM14-0120287		
Date Assigned:	08/06/2014	Date of Injury:	10/12/2011
Decision Date:	01/27/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/30/2014

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 Emergency 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 58 year-old male, who sustained an injury on October 12, 2011. The mechanism of injury occurred from a fall. Treatments have included: medications. The current diagnoses are: lumbago, shoulder and knee pain, cervical injury. The stated purpose of the request for RETRO DOS 6/23/14 2 Prescriptions of Tramadol 50 mg # 30 was for pain. The request for RETRO DOS 6/23/14 2 Prescriptions of Tramadol 50 mg # 30 was denied on July 11, 2014, citing a lack of documentation of functional improvement. Per the report dated June 24 2014, the treating physician noted complaints of left knee pain, low back pain, right shoulder pain. Exam shows tenderness to palpation at the lumbar paraspinals, crepitus to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS 6/23/14 2 Prescriptions of Tramadol 50 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Tramadol Page(s): 78-82, 113.

Decision rationale: The requested RETRO DOS 6/23/14 2 Prescriptions of Tramadol 50 mg # 30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-

Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left knee pain, low back pain, and right shoulder pain. The treating physician has documented tenderness to palpation at the lumbar paraspinals, crepitus to the knee. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, RETRO DOS 6/23/14 2 Prescriptions of Tramadol 50 mg # 30 is not medically necessary.