

Case Number:	CM14-0193373		
Date Assigned:	12/01/2014	Date of Injury:	12/07/2007
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal 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 (IW) is a 64-year-old man with a date of injury of December 7, 2007. The mechanism of injury was not documented in the medical record. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 3, 2014, the IW complains of ongoing headaches, shoulder, mid/low back pain, bilateral knee pain, and bilateral foot pain. He also notes that he grinds his teeth when sleeping subsequent to pain. He is requesting a refill of his medications. Objective physical findings revealed tenderness in the cervicothoracic and lumbar musculature without myospasms. Cervical and lumbar spine range of motion is restricted in both flexion and extension. There is tenderness in both knees and medial and lateral compartments with the left being greater than the right with some crepitus appreciated on the left. There is tenderness primarily in the right foot with a large bunion. The current diagnoses include cervicogenic headache; bilateral shoulder internal derangement; cervicothoracic/lumbar myofascial pain; intervertebral disc disease; radiculitis; bilateral knee internal derangement. Current medications include Naproxen 500mg, Prilosec 40mg, and Tramadol 50mg. The treating physician is recommending the continuation of current medications. Documentation indicated that the IW has been taking Tramadol since at least February of 2014. There was no urine drug screen, detailed pain assessments or objective functional improvement documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg PO TID #90 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the date of injury was December 7, 2007. It is unclear from the documentation when Tramadol was first started. The documentation does not contain any evidence of objective functional improvement associated with ongoing Tramadol use. Additionally, there were no pain assessments in the medical record. There were no risk assessments performed in the medical record and there were no accompanying urine drug screens to determine whether the injured worker was at low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent the appropriate documentation and objective functional improvement associated with opiate use, Tramadol 50 mg #90 is not medically necessary.