

Case Number:	CM15-0001537		
Date Assigned:	01/12/2015	Date of Injury:	12/03/2013
Decision Date:	04/09/2015	UR Denial Date:	12/21/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 12/3/2013. Mechanism of injury was not documented on the provided record. Pt has a diagnosis of cervical spine sprain/strain, R knee medial meniscus tear, R elbow contusion and lumbar pain. Medical reports reviewed. Last report was not available until 12/4/14. Pt complains of neck, low back, R elbow and R knee pain. Pain has been persistent at 7/10 in all affected parts. Norco is claimed to reduce pain to 4/10 and Tramadol to 5/10. Objective exam reveals tenderness to cervical spine with decreased range of motion. Hyper-tonicity and spasms are noted, Positive Spurling's and compression. There is 4/5 weakness in bilateral upper extremities and decreased sensation from C5-8 dermatomes. Lumbar spine exam has tenderness along midline and paraspinals along with decreased range of motion. R elbow has mildly decreased ROM with tenderness at olecronon. R knee exam reveals tenderness along joint line, decreased ROM, positive McMurray's and 4/5 strength to quadriceps. No medication list was provided. It is only noted that patient is on Norco, Tramadol, Flexeril and potentially naproxen. Urine drug screen dated 10/16/14 was appropriate for tramadol and hydrocodone. Patient has completed 12 sessions of physical therapy. Independent Medical Review is for Tramadol. Prior Utilization Review on 12/21/14 recommended non-certification.

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
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Tramadol/ Ultram is a Mu and kappa-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. The improvement in pain is poorly documented. It is claimed that tramadol decreases pain from 7/10 to 5/10 but patient is also on Norco. The use of Norco is not appropriately documented and it is not known if it is taken together or apart. This "improvement" in pain has been the same for over 6 months. The documentation of pain improvement fails to meet MTUS guidelines definition of objective and functional improvement. The provider is performing appropriate monitoring of abuse using urine drug screen but there is no documentation of appropriate screening questions for abuse and side effects as required by guidelines. Documentation fails MTUS guidelines for chronic opioid use. The provider is also not using multiple other first line medications and has failed to document long term opioid therapy plan. Tramadol is not medically necessary.