

Case Number:	CM15-0001630		
Date Assigned:	01/12/2015	Date of Injury:	06/15/2006
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The patient is a male who had a work injury to his lumbar spine and right knee 6/15/06 while working with waster management. The patient states that he was "run over by a truck." His diagnoses include myoligamentous lumbar spine sprain/strain; lumbar spondylosis; above the knee amputation right lower extremity. Under consideration are reuqsts for Tramadol 50mg #90. There is an 11/19/14 document that stats that the patient has sharp low back pain, right leg and left knee pain. He rates his pain 5/10 at rest and with activity a 5. Walking and standing increase his pain. On exam he is in no acute distress. He has antalgic gait and right lower extremity prosthesis. He has tendernss of the lumbar paraspinals. There is no palpable spasm. There is 40 degrees in flexion and 20 degrees of lumbar spine extension, right and left lateral bending. The muscles strength of the LLE is 5/5 and right is not tested. The left knee and ankle jerk are 2+. Sensation is normal in the lower extremities. There is negative straight leg raiseing. X-rays reveal degenerative disc disease and L4-5 narrowing. The patient is permanent and stationary and working as a dispatcher-sedentary. The treatment includes PT for the lumbar spine; Tramadol; interferential unit; RLE prosthesis above the knee; shower chair; crutches; medical records.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-81.

Decision rationale: Tramadol 50mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Without this information the request for Tramadol cannot be certified.