

Case Number:	CM15-0001962		
Date Assigned:	01/13/2015	Date of Injury:	02/03/2013
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
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: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 02/03/2013. The mechanism of injury was the injured worker was a poker dealer who sustained an injury to his right groin area; as he bent to put away a tray of chips in a bottom drawer and straightened up, he felt a sharp pain in the right groin. The injured worker was noted to be utilizing opiates as of at least 06/2014. The documentation of 08/29/2014 revealed the injured worker developed a hernia at work and shortly after underwent a laparoscopic mesh repair on his right inguinal hernia. The injured worker had pain that continued to get worse. The injured worker was injected with a steroid and anesthetic to confirm the pain was arising from the area of surgery. The injured worker experienced relief after the injection. The injured worker had complaints of sharp, stabbing pain in the right groin. The injured worker's medications included Norco 4 times per day, Zanaflex 4 mg 3 times per day, and tramadol 1 every 4 to 6 hours as necessary. The injured worker had pain with palpation of the right inguinal area. The injured worker had hyperalgesia. The diagnosis included inguinodynia and post herniorrhaphy pain syndrome, as well as persistent insomnia. The treatment plan included medications. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hcl 50mg #100 x3 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, there was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for tramadol hydrochloride 50 mg #100 with 3 refills is not medically necessary.