

Case Number:	CM15-0003331		
Date Assigned:	01/14/2015	Date of Injury:	03/01/2004
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 48 year old male who sustained an industrial injury on March 1, 2004. She has reported lower back pain, right knee pain, and bilateral foot and ankle pain. The diagnoses have included lumbar spine disc displacement, internal derangement of the left en right knees, ankle joint inflammation, and chronic pain syndrome. Treatment to date has included home exercises, use of a cane, back brace, knee brace, heat and cold therapy, H-wave therapy, aqua therapy, right knee surgery, knee injection, medications and imaging studies. Currently, the injured worker complains of continued lower back pain, right knee pain, and injury of the bilateral feet and ankles. The treating physician is requesting a prescription for Tramadol for pain control. On December 12, 2014 Utilization Review non-certified the request for a prescription for Tramadol noting the lack of documentation to support the medical necessity of the medication. The MTUS Chronic Pain Treatment Guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on March 1, 2004. The medical records provided indicate the diagnosis of lumbar spine disc displacement, internal derangement of the left and right knees, ankle joint inflammation, and chronic pain syndrome. Treatment to date has included home exercises, use of a cane, back brace, knee brace, heat and cold therapy, H-wave therapy, aqua therapy, right knee surgery, knee injection, and medications the medical records provided for review do not indicate a medical necessity for Tramadol 150mg #30 . The records indicate he has been using opioids for at least two years. The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. Furthermore, the MTUS states there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Additionally, the MTUS states that a major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). Therefore, the requested treatment is not medically necessary and appropriate.