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| Case Number: | CM15-0006602 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 09/24/2014 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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 09/24/2014. The mechanism of injury involved continuous trauma. The current diagnosis is bilateral knee sprain/strain. The injured worker presented on 12/04/2014. The injured worker reported bilateral knee pain. Upon examination of the bilateral knees, there was tenderness to palpation over the medial and lateral joint lines, tenderness over the patellar regions, post patellar grind test, positive patellofemoral crepitus, and 140 degree flexion and 0 degree extension. Sensation was intact in the bilateral lower extremities. Motor testing revealed grade 5/5 bilaterally. Recommendations included chiropractic therapy and a prescription for Ultram ER 150 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no documentation of a failure of nonopioid analgesics. There was no documentation of a written consent or agreement for chronic use of an opioid. Previous urine toxicology reports were not provided. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.