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| Case Number: | CM15-0009373 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 07/14/2011 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 67 year old male, who sustained an industrial injury on 7/14/2011. The current diagnoses are sprain/strain of the hip and thigh, status post total left hip replacement (7/30/2014), sprain/strain knee and leg, and lumbar intervertebral disc syndrome. There were no subjective complaints noted in the progress report provided. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting Tramadol ER 200mg, #120, which is now under review. On 1/14/2015, Utilization Review had non-certified a request for Tramadol ER 200mg, #120. The Tramadol was modified to #60 to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg, #120 (2x a day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 200 mg one PO bid #120 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are sprain/strain hip and thigh; status post left total hip replacement 7/30/14; sprain/strain knee and leg; and lumbar intervertebral disc syndrome. (IM Dx's): HTN; gastritis; DM type 2. Subjectively, boxes checked included BP checked, diabetes mellitus check, G I checked. Objectively, vital signs included a blood pressure of 166/90 with a heart rate of 83. There were no other physical findings noted. The documentation indicates the treating physician prescribed/refilled Tramadol as far back as May 23, 2014. The documentation is unclear as to the exact start date. There was no documentation including objective functional improvement. There were no risk assessments in the medical record. There were no detailed pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to support ongoing Tramadol with missing pain assessments and risk assessments, Tramadol ER 200 mg one PO b.i.d. #120 is not medically necessary.