

Case Number:	CM15-0104595		
Date Assigned:	06/08/2015	Date of Injury:	04/10/2014
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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 61-year-old female, who sustained an industrial injury on 4/10/14. The injured worker has complaints of neck, shoulders, arms, elbows, hands, fingers, low back, hips, legs and knee pain. The documentation noted that on cervical spine examination, there are spasms present in the paraspinal muscles and tenderness to palpation of the paraspinal muscles and range of motion was restricted. The lumbar examination noted there was spasm present in the paraspinal muscles and tenderness to palpation of the paraspinal muscles and the range of motion was restricted. Knees examination noted there was tenderness to pressure over the right knee. The diagnoses have included cervical sprain; lumbar sprain/strain and internal derangement of knee not otherwise specified. Treatment to date has included right knee X-rays and computerized tomography (CT) scan revealed no significant findings; muscle relaxants; pain medications; magnetic resonance imaging (MRI) of the right knee revealed two meniscus tear; physical therapy and right knee surgery on 3/18/15. The request was for tramadol HCL 50mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol HCL 50mg, #60 is not medically necessary and appropriate.