

Case Number:	CM15-0107677		
Date Assigned:	06/12/2015	Date of Injury:	06/30/2003
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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, Pain Management

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 69-year-old male with an industrial injury dated 10/17/2003. His diagnoses included status post lumbar laminectomy and discectomy for spinal stenosis, radicular symptoms persisting, right leg with neuropathic burning, status post bilateral hip replacements with development of complication of deep vein thrombosis in the lower extremities on Coumadin, development of rather significant venous stasis dermatitis and chronic lymphedema in lower extremities, history of non-industrial gouty arthritis and history of erectile dysfunction. Comorbid diagnoses include a history of deep vein thrombosis on chronic Coumadin (blood thinner). Prior treatments included anti-inflammatory medications, pain medications, physical therapy and home exercise program. The injured worker presents on 05/11/2015 with ongoing back pain and right hip pain. He reports ongoing painful swelling in his legs and ongoing erectile dysfunction issues related to industrial injury. He rates his pain as 8/10, at best a 4/10 with his medications and a 10/10 without them. He reports 50% reduction in his pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. Physical exam revealed pain with straight leg raising. There was weakness in right thigh flexion, knee extension and great toe extension. There is sensory alteration due to sensory loss in the right lateral calf and bottom of his foot. Bilateral hip exam reveals tenderness over the greater trochanter. Treatment plan included Tramadol, Pamelor and Cialis. The provider documents the injured worker is under a narcotic contract with the office. Urine drug screens have been appropriate. He is not working. The treatment request is for Tramadol 50 mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Ultram (Tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the medication has reduced the patient's pain by 50% and improved function by 50%. There is indication that the patient has had appropriate urine drug screens and there are no side effects on the medication. As such, the currently requested Ultram (Tramadol) is medically necessary.