

Case Number:	CM15-0146953		
Date Assigned:	08/07/2015	Date of Injury:	02/23/2007
Decision Date:	09/11/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/28/2015

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, Hawaii
 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 65 year old male, who sustained an industrial injury on 2-23-07. Initial complaints were not reviewed. The injured worker was diagnosed as having multi-ligamentous sprain of the cervical spine with upper extremity radiculitis; tear glenoid labrum left shoulder; internal derangement right shoulder; musculoligamentous sprain of the lumbar spine with lower extremity radiculitis; internal derangement left hip; heel cord tendinitis left ankle; lateral ligament injury left ankle; ligamentous injury left wrist; head injury with hearing problems; posttraumatic headaches. Treatment to date has included status post left shoulder arthroscopy partial resection of the glenoid labrum (7-27-10); status post left wrist arthroscopy; status post right knee arthroscopy; physical therapy; medications. Currently, the PR-2 notes dated 7-13-15 indicated the injured worker complains of ongoing neck pain and there has been an increase in pain, popping that radiates up the left side of the head. There is also increased radiating pain to the shoulder blade on the left side. The left shoulder has pain and popping with limited range of motion all the time. The right shoulder has slight pain. The low back has an increase in pain and stiffness across the low back with radiating pain down both legs frequently depending on the activity level. The left ankle has tenderness and soreness with slight swelling. The left knee notes stabbing pain and feels an increased burning pain at the knee cap. The right knee also has pain and stabbing but not as much as the left. He uses a cane for stability on ambulation. His headaches are constant pain relieved by Tramadol and his other medications. Objective findings documents the left knee is tender medially and laterally. He is scheduled for a left knee arthrogram on 7-14-15. The provider is requesting authorization of Tramadol 50mg #200 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200 with 4 refills: Upheld

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

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

Decision rationale: The IW is a 65 y.o. male who injured his neck, shoulders, low back, knees and left ankle in a work-related injury on 2/23/2007. Physical exam showed tenderness over the base of the occiput bilaterally, and medially and laterally in the left knee. There was a positive crank test in the right shoulder. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, analgesia is not documented, there is no mention of side effects, there is no mention of recent UDS and the effect of medication on function is not noted. The criteria for continued opioid use has not been met. The request for the medication is not medically necessary and has not been established.