

Case Number:	CM15-0149026		
Date Assigned:	08/12/2015	Date of Injury:	06/28/2012
Decision Date:	09/25/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: Emergency 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 51 year old male who sustained an industrial injury on 6-28-12. The injured worker was diagnosed as having thoracic degenerative disc disease, thoracic sprain-strain, lumbar degenerative disc disease, right knee status post-surgery (1994), left knee status post-surgery (1994), knee sprain-strain and lumbar sprain-strain. Provided progress notes are poor. There is barely any objective exam and single sentence statements in history and no appropriate discussion concerning plan or assessment. Currently, the injured worker reported pain in shoulders and knees. Previous treatments included home exercise program, oral pain medication, status post right knee surgery and left knee surgery. Previous diagnostic studies were not included. Work status was noted as remaining off work until 8-2-15. The injured workers pain level was not noted. Physical examination was notable for tenderness to palpation right shoulder with impingement, tenderness to palpation right knee with instability. The plan of care was for a consultation with a specialist and Tramadol 50 milligrams - quantity unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines: Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. The provided progress notes and documentation is so poor, it makes it impossible to determine actual medical need from the provided records. The referral appears to be an orthopedist for knee pain. There is no knee exam documented. No imaging was provided. There is not a single documentation concerning any conservative care to the knee. Poor documentation does not support referral request. The request is not medically necessary.

Tramadol 50 mg Qty unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provided documentation does not meet a single required component of documentation as required by MTUS guidelines. The provider has also failed to specify how many tablets were being requested. Provider notes that patient only takes 4 a week, which means that the patient can easily be weaned off from tramadol. Poor documentation and minimal use does not support this incomplete prescription. The request is not medically necessary.