

Case Number:	CM15-0169022		
Date Assigned:	09/09/2015	Date of Injury:	04/10/2014
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old male-female, who sustained an industrial-work injury on 4-10-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine strain and sprain, left knee sprain with degenerative joint disease (DJD), and right foot sprain with degenerative joint disease (DJD). Medical records dated (6-22-15 to 8-4-15) indicate that the injured worker complains of left knee pain and weakness with difficulty standing and walking. He reports minimal benefit with having 8 sessions of physical therapy. The injured worker reports lumbar spine and right foot pain, which has slightly decreased with physical therapy, and pain with difficulty lifting, bending, stooping, kneeling and climbing. According to the medical record dated 8-4-15, the physician prescribed Ultram as of this date for chronic pain syndrome. Per the treating physician report dated 8-4-15, the employee has not returned to work and is to remain off work for 6 weeks. The physical exam dated from (6-22-15 to 8-4-15) reveals lumbar guarding with tenderness and antalgic tilt to the left with lumbar flexion. Straight leg raise test elicits increased low back pain. The lumbar range of motion with flexion is 37 degrees, extension is 10 degrees, right side bending is 10 degrees and left side bending is 12 degrees. The left knee exam reveals tenderness to palpation with occasional swelling, pain is increased with McMurray's test, patellofemoral compression -grind test is positive. The left knee range of motion reveals flexion is 103 degrees, and extension is 10 degrees with increased pain and patellofemoral crepitus is present. The injured worker ambulates with a cane favoring the left lower extremity (LLE). The exam of the right foot reveals tenderness to palpation over the medial arch. There is no previous urine drug screen noted.

Treatment to date has included pain medication, which included Ultram, physical therapy 8 sessions, activity modifications, off work, diagnostics, Transcutaneous electrical nerve stimulation (TENS), home exercise program (HEP) and other modalities. The original Utilization review dated 8-19-15 modified a request for Ultram (Tramadol) 50mg quantity of 120.00 modified to Ultram (Tramadol) 50mg quantity of 120.00 as a pain contract is not mentioned and a discussion with respect to weaning, change in medication, functionality and or benefit have not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50mg qty 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the use of Ultram was not justified. Failure of NSAIDs or Tylenol was not noted. Continued use of Ultram is not medically necessary.