

Case Number:	CM15-0188398		
Date Assigned:	09/30/2015	Date of Injury:	10/16/2014
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

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 47 year old male who sustained an industrial injury on 10-16-14. A review of the medical records indicates he is undergoing treatment for lumbosacral musculoligamentous strain and sprain with radiculitis, lumbosacral spine disc protrusions, bilateral knee strain and sprain, and rule out bilateral knee meniscal tear. Medical records (2-19-15 to 7-9-15) indicate ongoing complaints of low back and bilateral knee pain. The injured worker rates his back pain "4-5 out of 10" and his left knee "3 out of 10". Records indicate that his left knee pain rating increased from "3-4 out of 10" to "5 out of 10" (7-9-15). The physical exam (7-9-15) reveals "grade 2" tenderness to palpation over the paraspinal muscles of the lumbar spine and "grade 1" tenderness to palpation of bilateral knees. Both were noted "on the last visit". The treating provider states that the injured worker "is at maximum medical improvement". Treatment has included physical therapy and medications. He is currently (7-9-15) receiving Tramadol 50mg every 12 hours as needed. He has been receiving this medication since 2-19-15. The utilization review (8-28-15) includes a request for authorization of 1 prescription of Tramadol 50mg #60. The request was modified to a quantity of 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2014 and is being treated for low back and bilateral knee pain. Ultram was started in February 2015. He was having pain rated at 3-6/10. When seen, pain was rated at 3-5/10. Physical examination findings included lumbar spine and bilateral knee tenderness. Tramadol was refilled at the same dose. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing a clinically significant decrease in pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.