MAXIMUS Federal Services

Case Number:	CM15-0190733		
Date Assigned:	10/02/2015	Date of Injury:	07/01/2011
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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 56 year old male who sustained an industrial injury on 7-1-11. Of note, several documents within the submitted medical records are difficult to decipher. Provider documentation dated 8-12-15 listed the diagnosis as "6-29-15". Medical records dated 8-12-15 did not indication a pain rating on a scale of 1 to 10. Provider documentation dated 8-12-15 noted the work status as "P + S/TPD". Provider documentation dated 8-12-15 submitted including the subjective complaints was illegible. Provider documentation dated 8-12-15 noted objective findings as "No Change". The original utilization review (8-31-15) denied a request for Tramadol 50 milligrams quantity of 60 with 3 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 3 Refills: 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 for chronic pain.

Decision rationale: The patient presents with pain affecting the bilateral knees (15B). The current request is for Tramadol 509mg #60 with 3 Refills. The treating physician reports provided for review are illegible. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The medical reports provided indicate that the patient was prescribed Tramadol on 8/12/15 (8B). In this case, there was no documentation of a functional assessment or evidence that the patient's baseline pain was recorded. Furthermore, the current request for 3 refills without documentation of functional improvement is excessive and not supported. The current request is not medically necessary.