

Case Number:	CM15-0191819		
Date Assigned:	10/05/2015	Date of Injury:	06/12/2013
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/29/2015

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:

This 47 year old male sustained an industrial injury on 6-12-13. Documentation indicated that the injured worker was receiving treatment for lumbar spine myospasm and myalgia, right knee internal derangement and status post left knee arthroscopy. Previous treatment included left knee arthroscopy (April 2014), physical therapy, occupational therapy, home exercise and medications. In a PR-2 dated 3-24-15, the injured worker complained of low back pain with radiation to bilateral lower extremities and right knee pain, rated 5 to 8 out of 10 on the visual analog scale associated with decreased sleep. The injured worker was not taking any medications. In a PR-2 dated 6-9-15, the injured worker reported ongoing bilateral knee pain and increasing lumbar spine pain. The injured worker reported that he could not sleep at night secondary to low back pain. Physical exam was remarkable for lumbar spine with tenderness to palpation, negative bilateral straight leg raise and intact neurovascular exam to both legs. The treatment plan included a trial of Tylenol #3. In a PR-2 dated 7-7-15, the injured worker complained of ongoing low back pain with numbness and tingling in bilateral 5th toes. The injured worker stated that Tylenol #3 did not help and that he could not sleep secondary to low back pain. Physical exam was remarkable for was unchanged. The injured worker reported that physical therapy and occupational therapy provided minimal relief. The treatment plan included requesting authorization for magnetic resonance imaging lumbar spine, continuing home exercise and a prescription for Tramadol 50mg #60. On 9-14-15, Utilization Review non-certified a request for Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Sig one tablet po prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

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. Pt is noted to be on Tylenol #3(codeine) and was switched to tramadol due to poor pain control. Documentation fails all components needed for guideline approval. There is no pain assessment and no documentation of any assessment or screening for abuse or aberrant behavior. There is no documentation of any plan or rationale for this prescription. Documentation fails to meet the appropriate documentation required by MTUS. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.