

Case Number:	CM15-0194531		
Date Assigned:	10/06/2015	Date of Injury:	12/09/2009
Decision Date:	11/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 66-year-old female with an industrial injury dated 12-09-2009. A review of the medical records indicates that the injured worker is undergoing treatment for musculoligamentous sprain of the cervical spine with left upper extremity radiculitis, disc bulges at C3-C7 and C7-T1, internal derangement of the right knee, status post arthroscopy of bilateral knees, osteoarthritis of the trapezium first metacarpal joint of bilateral hands, disc bulges L1-S1, L5 radiculopathy, disc osteophyte complexes at C3-7, disc protrusion at C7-T1 and bilateral knee osteoarthritis. According to the progress note dated 08-12-2015, the injured worker reported continued neck pain radiating into the shoulders and arms with numbness and tingling in the right more than the left. The injured worker complained of continued lower back pain with radiation down the legs with numbness and tingling into the toes. The injured worker also reported bilateral knee pain with swelling, popping, locking, giving out and bruising. Pain level was 8 out of 10 for neck pain and lower back pain and 7 out of 10 for knee pain on a visual analog scale (VAS). Medical records (08-12-2015) also indicated that the injured worker was attending therapy and the therapy was helping her sleep. The injured worker was not working. Objective findings (4-28-2015 to 08-12-2015) revealed crepitus medially, laterally and under patella, bilateral knees. Treatment has included diagnostic studies, prescribed medications, therapy and periodic follow up visits. The treatment plan included acupuncture, consultation, psychotherapy, gym membership, and medication management. Medical records indicate that the injured worker has been on Tramadol since at least 2013. A review of medical documentation indicates Tramadol use without significant evidence of functional improvement or significant

decrease in pain. The injured worker is considered permanent and stationary. The treating physician prescribed services for Tramadol 50mg #200 with 4 refills. The utilization review dated 08-18-2015, non-certified the request for Tramadol 50mg #200 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200 with 4 refills: Upheld

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

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

Decision rationale: Tramadol 50mg #200 with 4 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The request for Tramadol with 4 refills is not appropriate as continued refills cannot be certified without documentation of efficacy in terms of increased function and improved pain. Therefore, this request is not medically necessary.