

Case Number:	CM15-0195923		
Date Assigned:	10/09/2015	Date of Injury:	06/14/2012
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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:

The injured worker is a 54 year old male, who sustained an industrial injury on 6-14-2012. The injured worker was diagnosed as having chronic pain, other, cervical radiculitis, lumbar radiculitis, right knee pain, gastroesophageal reflux disease, hypertension, and status post left knee and shoulder surgery. Treatment to date has included diagnostics, left knee surgery in 2012, left shoulder surgery in 2013, cervical epidural steroid injection, and medications. On 8-17-2015, the injured worker complains of neck pain with radiation down the left lower extremity, accompanied by frequent numbness in the bilateral upper extremities. He also reported low back pain with radiation down the bilateral lower extremities, accompanied by numbness. Pain was rated 4 out of 10 with medications and 10 without (rated 3-4 out of 10 with medication use and 5-6 without on 6-22-2015). He also reported moderate difficulty with sleep, bilateral knee pain, erection issue, frequent nausea, and mild constipation. He was currently not working. The pain was reported as recently worsened. Pain interference with activities of daily living was rated 7 out of 10. He reported current medication as helpful. Exam of the cervical spine noted vertebral tenderness C5-7 and "moderately limited" range of motion due to pain. Exam of the lumbar spine noted range of motion "moderately limited". Tenderness to palpation was noted in the right knee. He was administered a Toradol injection. Current medications were renewed (Tramadol). Urine toxicology (4-08-2015) was negative for Tramadol. The duration of Tramadol use was unclear, but noted since at least 4-13-2015, at which time the treating physician recommended to "renew current medications", including Tramadol. The treatment plan included Tramadol 50mg (#60 with 1 refill) #120, modified to Tramadol 50mg #60 without refill by Utilization Review on 9-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg (#60 with 1 refill) Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

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. There is appropriate documentation of improvement in pain and function. Provider states that there is a plan for decreasing dose. However, this prescription contains a refill which is not consistent with plan of weaning. Refills do not meet MTUS guidelines for monitoring and reporting. Tramadol is not medically necessary.