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| Case Number: | CM15-0199758 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 08/16/2010 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/12/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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(n) 66 year old male, who sustained an industrial injury on 8-16-10. The injured worker was diagnosed as having bilateral knee degenerative joint disease, lumbago and right shoulder impingement syndrome. Subjective findings (3-19-15, 4-30-15, 6-11-15) indicated 3-5 out of 10 pain in the right shoulder, 3-5 out of 10 pain in the right hand and thumb, 3-4 out of 10 pain in the lumbar spine and 7-9 out of 10 pain in the bilateral knees. Objective findings (4-6-15, 4-30-15, 6-11-15) revealed full range of motion in the right shoulder, hand and thumb with pain. Right knee flexion is 120 degrees and extension is -3 degrees. Lumbar flexion is 40 degrees, extension is 10 degrees and lateral flexion is 15 degrees bilaterally. As of the PR2 dated 9-10-15, the injured worker reports pain in his right hand and thumb, lumbar spine and bilateral knees. He rates his right hand and thumb pain 4 out of 10, lumbar pain 5 out of 10 and knee pain 8-10 out of 10. Objective findings include full left knee range of motion with pain, right knee flexion is 90 degrees and extension is -5 degrees. Lumbar flexion is 40 degrees, extension is 10 degrees and lateral flexion is 15 degrees bilaterally. Current medications include Omeprazole and Tramadol (since at least 3-19-15). Treatment to date has included right thumb surgery in 2010. The Utilization Review dated 10-1-15, modified the request for Tramadol 50mg #90 x 2 refills to Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 2 refills: Upheld

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

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)
The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.