

Case Number:	CM15-0201935		
Date Assigned:	10/16/2015	Date of Injury:	03/05/2014
Decision Date:	12/07/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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: Pennsylvania, Ohio, California
 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:

This is a 55 year old male with a date of injury on 3-5-14. A review of the medical records indicates that the injured worker is undergoing treatment for left leg, ankle and back pain. Progress report dated 7-24-15 reports persistent left lower extremity pain that radiates down to his foot. The pain is rated 5-6 out of 10. He also has complaints of left sided lower back pain. The pain is made worse with activities and weather and is made better with therapy, rest and medication. Objective findings: large scar in the medial portion of the lower leg with significant decreased range of motion in left ankle, decreased strength of the plantar and dorsiflexion, right knee has decreased range of motion and there is tenderness over the medial joint line. Treatments include: medication, physical therapy and TENS unit. According to the medical records he has been taking Tramadol since at least 3-7-15. Request for authorization dated 9-5-15 was made for Tramadol HCL 50 mg quantity 90. Utilization review dated 9-16-15 modified the request to certify quantity 81.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tab 50mg, QTY: 90: Upheld

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

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

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported; specifically, given the underlying diagnosis and timing of this injury, the patient would be anticipated to have been transitioned to non-opioid treatment by this timeframe. An alternate rationale for this medication in this chronic timeframe is not apparent in the medical records. Therefore this request is not medically necessary.