

Case Number:	CM15-0206875		
Date Assigned:	10/23/2015	Date of Injury:	05/14/2008
Decision Date:	12/07/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male sustained an industrial injury on 5-14-08. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with radiculopathy and multilevel disc bulge and right knee arthrofibrosis. Previous treatment included knee surgery (2009), lumbar fusion (2011) and medications. In a PR-2 dated 1-22-15, the injured worker complained right knee and lumbar spine pain, rated 6 out of 10 on the visual analog scale. Physical exam was remarkable for right knee range of motion flexion 80 degrees and extension 15 degrees. The injured worker walked on the ball of his foot using a cane. In a PR-2 dated 8-29-15, the injured worker complained of ongoing left sacroiliac joint pain. The injured worker reported that Ultram reduced his pain from 6 out of 10 to 3 out of 10. In a PR-2 dated 9-17-15, the injured worker complained of pain to the lumbar spine with radiation down the right thigh associated with weakness as well as right knee and leg pain. The injured worker rated his pain 5 to 7 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine range of motion: flexion 35 degrees, extension 10 degrees and bilateral lateral flexion 15 degrees and right knee extension 80 degrees and extension 15 degrees. The injured worker walked with an "extremely" antalgic gait and was unable to toe and heel walk due to severe contraction deformity of the right knee. The injured worker had been prescribed Tramadol since at least 2-5-15. The treatment plan included continuing medications (Tramadol, Ibuprofen and Famotidine) and continuing home exercise. On 10-8-15, Utilization Review noncertified a request for Tramadol, 50mg #90 with two refills.

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 (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in May 2008 when his clothing became caught in machinery and he was pulled between metal parts with injuries to the lower extremities and he then developed low back pain. He underwent knee surgery in January 2009 and a lumbar fusion in September 2011. In reviewing the records provided, there are two providers acting as primary treating physicians. On 09/17/15 he was seen by [REDACTED]. He was having right knee and leg pain and lumbar spine pain. Physical examination findings included decreased right knee and lumbar range of motion. He had a severe contraction deformity of the right knee. There was an antalgic gait. He had pain with knee range of motion. Ibuprofen, Famotidine, and tramadol were prescribed with two refills. He was seen by [REDACTED] on 10/02/15. He was having residual pain over the left sacroiliac joint after his lumbar fusion. He was having pain radiating across the low back. He was having right knee pain and swelling. Medications are referenced as somewhat helpful. Physical examination findings included left sacroiliac joint tenderness with positive Fabere and Patrick's testing. There was decreased and painful range of motion with stiffness. Straight leg raising was positive bilaterally. There was right knee tenderness with positive McMurray's testing and a joint effusion was present. There was decreased left lower extremity sensation. Fexmid, Nalfon, Prilosec, extended release Ultram, and Norco were prescribed. Criteria for the use of opioid medication include prescriptions from a single practitioner with all prescriptions from a single pharmacy. CURES (the Controlled Substance Utilization Review and Evaluation System) was established to automate the collection and analysis of all Schedule II controlled substance prescriptions issued in California. A physician may request a search for a Schedule II prescription history for a specific patient. In this case, two providers are providing opioid medications. Continued prescribing is not medically necessary.