

Case Number:	CM15-0021759		
Date Assigned:	02/11/2015	Date of Injury:	04/17/2013
Decision Date:	04/06/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona
 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:

The injured worker is a 38-year-old male who reported an injury on 04/17/2013. The mechanism of injury was a fall. His past treatments have included surgical procedures, home exercise, work restrictions, and medications. His symptoms were noted to include bilateral knee pain, bilateral elbow pain, low back pain, and bilateral heel pain. Objective findings included spasm and stiffness in the lumbar paraspinal muscles, an antalgic gait, tenderness over the right knee, decreased range of motion of the right knee, and slightly decreased motor strength in the right knee. He was diagnosed with chronic pain due to multiple injuries. On 10/30/2014, the injured worker was prescribed gabapentin, nabumetone, and tramadol. At his follow-up visit on 12/19/2014, the injured worker rated his pain 10/10. His medications were noted to include Norco and naproxen. A request was received for tramadol 50 mg #60. However, a specific rationale for this request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, adverse side effects, and aberrant drug taking behavior. The clinical information submitted for review indicated that the injured worker was recently prescribed tramadol on 10/30/2014. However, it was also noted in the documentation that previous use had not provided benefit. Therefore, continued use would not be supported. In addition, the most recent clinical note on 12/16/2014 did not indicate that the injured worker was utilizing tramadol. Therefore, clarification is needed regarding his medication list and the request for this medication. Furthermore, the request failed to include a frequency. For these reasons, the request is not medically necessary.