

Case Number:	CM15-0040504		
Date Assigned:	03/10/2015	Date of Injury:	09/08/2014
Decision Date:	04/13/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/03/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 48 year old female with an industrial injury dated September 8, 2014. The injured worker diagnoses include discogenic cervical condition with facet inflammation and headaches, discogenic lumbar condition with facet inflammation and bilateral radiculopathy, internal derangement of the right greater than the left knee, rotator cuff strain and bicipital tendinitis on the right, wrist joint inflammation on the right with radioulnar inflammation and depression and anxiety secondary to the orthopedic injuries. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/16/2015, the injured worker reported neck, bilateral shoulders, bilateral knee and back pain. The treating physician's treatment plan consists of request for multiple Magnetic Resonance Imaging (MRI)'s, cervical traction with air bladder, cervical pillow, low back brace for support, transcutaneous electrical nerve stimulator (TENS) unit, knee brace, hot/cold compression garments and prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 48 year old female with an injury on 09/08/2014. She has back, neck, knee and wrist pain. She also has depression and anxiety. Tramadol is an opiate. MTUS, Chronic Pain guidelines for on-going opiate treatment require documentation on improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet the above criteria and long term Tramadol (30 tablets) is not medically necessary.