

Case Number:	CM15-0040563		
Date Assigned:	03/10/2015	Date of Injury:	10/06/2014
Decision Date:	05/08/2015	UR Denial Date:	02/25/2015
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: California, Washington

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:

The injured worker is a 28-year-old female who reported an injury on 10/06/2014. The injured worker reportedly twisted her right lower extremity while stepping off a machine. The patient suffered a fall in the process, causing injury to the low back. The current diagnoses include right hip pain, right ankle pain, low back pain, and right knee pain. The injured worker presented on 02/02/2015 with complaints of intermittent numbness and tingling in the right groin area, radiating to the right lower extremity. The injured worker also reported right sided low back pain. The current medication regimen includes Soma 350 mg, naproxen 550 mg, and tramadol 50 mg. It was also noted that the injured worker has completed 6 sessions of physical therapy. Upon examination, there was documentation of full range of motion of the lumbar spine, 5/5 motor strength, guarding secondary to pain, and full range of motion of the right knee. Recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication without any evidence of objective functional improvement. Additionally, there was no documentation of a written consent or agreement for chronic use of an opioid. There was no mention of a failure of non-opioid analgesics. There was also no frequency listed in the request. As such, the request is not medically necessary.