MAXIMUS Federal Services

Case Number:	CM15-0041101		
Date Assigned:	03/11/2015	Date of Injury:	12/23/2012
Decision Date:	06/09/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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 is a 59 year old female with a December 23, 2012 date of injury. A progress note dated February 18, 2015 documents subjective findings (pain rated at a level of 8/10 without medications and 4/10 with medications; extremity symptoms; right lower extremity numbness and tingling that goes down to the foot), objective findings (normal reflex, sensory and power testing to the bilateral upper and lower extremities; negative straight leg raises bilaterally; normal gait; positive right shoulder, right knee and lumbar tenderness; decreased lumbar spine range of motion; positive spasms in the lumbar paraspinal musculature; right shoulder impingement), and current diagnoses (musculoligamentous sprain/strain of the lumbar spine with disc herniation; right shoulder strain and impingement; right knee medial meniscus and lateral meniscus tear). Treatments to date have included medications, physical therapy, and home exercise. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 2/18/15): Ultram Tramadol HCL ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for chronic pain. When seen, she was performing a home exercise program. Medications are referenced as decreasing pain from 8/10 to 4/10. She was having right lower extremity numbness and tingling. She was performing a home exercise program. Physical examination findings included right shoulder, right knee, and lumbar spine tenderness with decreased lumbar spine range of motion and muscle spasms. Medications were refilled including tramadol ER at a total MED (morphine equivalent dose) of 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations and providing pain relief. In this case, there are no identified issues of abuse or addiction. Therefore, the continued prescribing of Tramadol ER was medically necessary.