

Case Number:	CM15-0042010		
Date Assigned:	03/12/2015	Date of Injury:	02/21/2013
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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:

The injured worker is a 66-year-old male who sustained a work related injury February 21, 2013. He slipped and fell on a hanger, landing on his back, and hitting his knees on a chair. He complained of pain to his bilateral knees, lower back, and right wrist. According to a primary treating physician's follow-up evaluation, dated January 22, 2015, the injured worker presented with ongoing pain and stiffness to his lumbar spine radiating down the left leg and persistent pain to his left knee. An MRI of the lumbar spine demonstrated hypertrophic facet disease at the bilateral L5-S1 level. Diagnoses included lumbar spine sprain/strain; hypertrophic facet disease, lumbar spine; left lower extremity radiculopathy; left knee sprain/strain and internal derangement left knee. Treatment plan included discussion of denied left knee arthroscopy, recommendation for additional injection therapy lumbar spine, and authorization for continuing medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS; page 113 Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic radiating low back pain. The requesting provider documents partial pain relief with the medications being prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, which 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. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.