

Case Number:	CM15-0050869		
Date Assigned:	03/24/2015	Date of Injury:	11/24/2009
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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 57 year old male, who sustained an industrial injury on November 24, 2009. The mechanism of injury is unknown. The injured worker was diagnosed as having chondromalacia of patella, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified and long-term use of medications. Treatment to date has included diagnostic studies and medications. Currently, the injured worker complained of low back and significant right knee pain rated a 7 on a 1-10 pain scale. He reported some burning and neuropathic pain. The pain was reported to get worse with walking. Medications were noted to provide functional improvement. The treatment plan included medications, orthopedic surgeon evaluation for the right knee and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) ER (extended release) tablets, 100 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids: on-going management Page(s): 78.

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 5 years status post work-related injury and continues to be treated for chronic knee and low back pain. Medications are referenced as decreasing pain from 8-9/10 to 4-5/10 with improved function. Tramadol ER, ibuprofen, and omeprazole are being prescribed. 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 or addiction. 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.