

Case Number:	CM15-0057557		
Date Assigned:	04/02/2015	Date of Injury:	09/15/2010
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female injured worker suffered an industrial injury on 09/15/2010. The diagnoses included lumbar degenerative disc disease with multilevel disc herniations, bilateral hip, knee degenerative joint disease and bilateral plantar fasciitis. The diagnostics included right and left knee x-rays, lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 3/11/2015 the treating provider reported low back pain, bilateral knee pain, bilateral hip pain and bilateral foot pain. There is an impaired gait with tenderness in the lumbar spine along with muscle spasms. There was tenderness of the hips and swelling of the left knee. The treatment plan included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 74-96.

Decision rationale: The patient presents with pain in the low back, bilateral knees, bilateral hips and bilateral feet. The current request is for Tramadol ER 150 mg, Qty. 60. The treating physician states that the patient has an antalgic gait with tenderness and muscle spasm of the lumbar spine. There is tenderness of the bilateral hips with swelling of the left lower extremity. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not provided pain assessment, any documentation of functional improvement or any discussion of adverse effects or aberrant behaviors. MTUS requires much more thorough documentation for continuation of opioid usage. The current request is not medically necessary and the recommendation is for denial.