

Case Number:	CM15-0080782		
Date Assigned:	05/01/2015	Date of Injury:	10/22/2013
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 58 year old female sustained an industrial injury to the back, abdominal wall and right leg, elbow, knee and thigh on 10/22/13. Previous treatment included magnetic resonance imaging, physical therapy and medications. In a comprehensive orthopedic evaluation dated 3/13/15, the injured worker complained of pain rated 9/10 on the visual analog scale. Current diagnoses included lumbar spine degenerative disc disease, spondylosis without mention of myelopathy, left knee medial meniscus tear and patella chondromalacia, left knee patellofemoral degenerative joint disease and right elbow lateral epicondylitis. The treatment plan included medications (Ibuprofen and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. Therefore the request is not medically necessary.