

Case Number:	CM15-0082661		
Date Assigned:	05/05/2015	Date of Injury:	03/23/2007
Decision Date:	06/17/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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:

This 58 year old man sustained an industrial injury on 3/23/2007. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain/strain with radiculitis, bilateral shoulder with residual pain status post surgery, bilateral wrists sprain/strain, bilateral carpal tunnel syndrome, lumbar sprain/strain with radiculitis, right knee osteoarthritis, and left knee degenerative joint disease. Treatment has included oral medications and acupuncture. Physician notes dated 3/23/2015 show complaints of bilateral knee pain rated 6/10. Recommendations include Tramadol, orthopedic consultation, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60: Upheld

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

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

Decision rationale: The records indicate the patient has ongoing neck, back, bilateral shoulder, bilateral wrist, and bilateral knee pain. The current request is for Tramadol HCL 50 mg #60. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of continuing functional improvement, or continuing analgesia. There is also no documentation of adverse side effects or aberrant drug behaviors. The MTUS requires much more thorough documentation for continued opioid usage. As such, the current request is not medically necessary and my recommendation is for denial.