MAXIMUS Federal Services

Case Number:	CM15-0085173		
Date Assigned:	05/07/2015	Date of Injury:	07/13/2012
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/04/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The 38 year old male injured worker suffered an industrial injury on 07/13/2012. The diagnoses included severe depression, neuropathy, osteoarthritis of the knee with total knee replacement 9/4/2014, knee pain, chronic pain syndrome and fracture of the tibia. The injured worker had been treated with orthopedic surgeries and medications. On 4/8/2015 the treating provider reported left foot, left knee, left ankle and left great toe pain. The knee is rated 8/10 and the foot is 10/10. On exam there was swelling and stiffness of the ankle. The treatment plan included Gabapentin, topical NSAIDs, and Tramadol. Hydrocodone had been discontinued due to intolerable constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5mg, 2 refills (Unspecified Quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 8-80.

Decision rationale: MTUS Guidelines have very specific standards to justify the long term prescribing of opioid medications. These standards include detailed documentation of the how the medications are utilized, how much and how long pain relief lasts, and functional improvements as a result of their use. These standards are not met in relationship to the prescribing of Tramadol. There is no documentation detailing use and pain relief, nor is there documentation of functional impact. Under these circumstances, the Tramadol 37.5mg 2 refills is not supported by Guidelines and is not medically necessary.