

Case Number:	CM15-0241040		
Date Assigned:	12/18/2015	Date of Injury:	09/24/2003
Decision Date:	01/22/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/10/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 was a 67 year old male, who sustained an industrial injury on September 24, 2003. The injured worker was undergoing treatment for cervical spine with facet inflammation, bilateral shoulder impingement syndrome, epicondylitis bilaterally, wrist joint inflammation, bilateral cubital tunnel syndrome, loss of motion to the left index finger from a laceration, lumbar discogenic and bilateral knee internal derangement. The objective findings were tenderness of both knees medial greater than lateral joint line. According to progress note of October 22, 2015, the injured worker's chief complaint was neck, bilateral shoulders, both elbows and both wrists, lumbar spine, right hip and both knees. The injured was having quite a bit of pain in the knees. The injured worker was approved for Hyalgan injections, however the pharmacy stated the approval had expired. The injured worker was having difficulty with squatting and kneeling. The injured worker was retired and did light chores around the house as tolerated. The injured worker previously received the following treatments Cyclobenzaprine, Protonix, current medications were Tramadol Er 150mg #30 since June 22, 2015, Celebrex, Aciphex, Lunesta, cortisone injection right shoulder, TENS unit (transcutaneous electrical nerve stimulator), back brace and left knee cortisone injection of September 22, 2015. The RFA (request for authorization) dated October 22, 2015, the following treatments were requested a prescription for Tramadol Er 150mg #30. The UR (utilization review board) denied certification on November 16, 2015; for a prescription for Tramadol Er 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.