

Case Number:	CM14-0139162		
Date Assigned:	09/05/2014	Date of Injury:	03/14/2008
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 48 year-old male was reportedly injured on 3/14/2008. The most recent progress note, dated 8/13/2014, indicates that there were ongoing complaints of low back and right knee pain. No recent records have been cemented for review. The utilization review, dated 8/13/2014, states most recent progress note of 6/19/2014 physical examination reveals right knee positive tenderness to palpation medial joint line. Lumbar spine flexion 30 extension 10, rotation 10 lateral flexion 10. Paralumbar tenderness from L to-S-1 with slight spasm and right SI tenderness. No recent diagnostic studies are available for review. Previous treatment includes knee arthroscopy, medications, and conservative treatment. A request had been made for Tramadol 50 mg #120 and was not certified in the pre-authorization process on 8/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82; 113.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.