MAXIMUS Federal Services

Case Number:	CM14-0162545		
Date Assigned:	10/07/2014	Date of Injury:	07/15/2002
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 74-year-old female who reported an injury on 07/15/2003. Reportedly, the injured worker was walking at work and was carrying something and stepped into a hole into the driveway. She fell onto her knees and struck her face on the surface and bounced and came back up. She was unconscious for a time, but then crawled into her office. The injured worker's treatment history included MRI of the left knee, X-rays of the left ankle, surgery, physical therapy, aquatic therapy, Synvisc injections, medications, and bone scan. The injured worker was evaluated on 09/15/2014, and it was documented the injured worker complained of low back, left knee, and left ankle pain. Objective findings revealed blood pressure was 164/83 and pulse was 66. She had tenderness across the low back paraspinal muscles. She had difficulty standing from seated position. She walked with quite a bit of antalgic gait. She had pain in the left knee with x-ray showing 2 compartment disease. She had pain along the medial greater than lateral joint line. Medications included Norco 10/325 mg, Terocin patches, naproxen 550 mg, and mirtazapine 15 mg. Diagnoses included discogenic lumbar condition at L4-5, internal derangement of the knee on the right status post meniscectomy, and chronic pain syndrome. The Request for Authorization dated, 09/15/2014, was for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol (Ultram ER) 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for 1 prescription of tramadol (Ultram ER) 150 mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. There was lack of evidence of outcome measurements of conservative care such as, pain medication management or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker.