

Case Number:	CM15-0010977		
Date Assigned:	01/28/2015	Date of Injury:	01/09/2014
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
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 is a 48 year old male who sustained a work related injury January 9, 2014. While walking, a chain broke, striking the right side of his back and chest causing a fall to the floor, striking his left hand and dislocating his ring finger and striking his left knee. According to a primary treating physician's progress report dated December 15, 2014, the injured worker presented with complaints of low and mid back pain. Left knee pain with swelling, left ring finger pain, blurry vision left eye and headaches. Physical examination reveals tender range of motion lumbar and thoracic spine; tender to palpation spasm from range of motion left ring finger joint; left knee effusion medial joint line tender, positive McMurray's sign and MRI of the left knee reveals tendonitis patella(report present in medical record). Diagnoses are documented as sprain thoracic region, sprain of ribs, and finger injury not otherwise specified. Treatment plan included physical therapy for the left knee, thoracic and lumbar spine, and muscle stimulator for spasm. Noted previously requested neuro consult denied. Work status documented as return to work with modifications of no repetitive bending or stooping, prolonged standing or walking and weight lifting restrictions of 10 lbs. or less. According to utilization review dated December 24, 2014, the request for Tramadol 50mg #60 + (2) Refills has been modified to Tramadol 50mg #30 only citing MTUS Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 plus 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what his pain was like previously and how much Tramadol decreased his pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There were no urine drug screenings or drug contract. It is unclear by the chart how often the patient requires the use of opiates for pain relief. The patient was also prescribed Norco which is another opiate as well. Because of these reasons, the request for Tramadol is considered medically unnecessary.