

Case Number:	CM15-0016230		
Date Assigned:	02/04/2015	Date of Injury:	09/02/2011
Decision Date:	03/20/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old male, who sustained an industrial injury on September 2, 2011. He has reported injury of the neck, shoulder, upper and lower back, and right hip. The diagnoses have included lumbar/lumbosacral intervertebral disc degeneration, osteoarthritis of pelvic region and thigh, traumatic arthropathy of pelvic region and thigh, and enthesopathy of hip region. Treatment to date has included medications, physical therapy, and radiological imaging. Currently, the Injured Worker complains of continued hip, back, shoulder and neck pain. Physical findings are noted as tenderness of the hip region, range of motion unchanged from previous evaluation of 5 degrees flexion, 15 degrees external rotation, and zero degrees internal rotation. The records indicate he was prescribed Tramadol since at least September 2014. On January 20, 2015, Utilization Review non-certified Tramadol HCL ER 100 mg, one to two tablets by mouth every 8 hours as needed for pain, quantity #15, and no refills, based on TMUS, Chronic Pain Medical Treatment, and ODG guidelines. On January 28, 2015, the injured worker submitted an application for IMR for review of Tramadol HCL ER 100 mg, one to two tablets by mouth every 8 hours as needed for pain, quantity #15, and no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 100mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 58 year old male has complained of neck, shoulder and low back pain since date of injury 9/2/11. He has been treated with physical therapy and medications to include opioids since at least 09/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.