

Case Number:	CM15-0113091		
Date Assigned:	06/19/2015	Date of Injury:	01/30/2004
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old female, who sustained an industrial injury on January 30, 2004. She reported left knee, hip, ankle, elbow and shoulder, low back and neck pain. The injured worker was diagnosed as having discogenic lumbar condition with electromagnetic abnormalities showing chronic lumbar 5 radiculopathy and magnetic resonance imaging showing disc disease, foraminal narrowing and degenerative changes and status post epidural injections. Treatment to date has included radiographic imaging, steroid injections, medications, surgical intervention of the Achilles tendon and work restrictions. Currently, the injured worker complains of continued pain in the left knee, hip, ankle, elbow and shoulder, low back and neck pain. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 2, 2015, revealed continued pain as noted. Evaluation on April 2, 2015, revealed the injured worker was unable to get up to use the restroom secondary to pain and injuries and was incontinent. She was noted to be in obvious pain and to be using an ankle scooter. She was noted as non-weight bearing. Tramadol was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on January 30, 2004. The medical records provided indicate the diagnosis of discogenic lumbar condition with electromagnetic abnormalities showing chronic lumbar 5 radiculopathy and magnetic resonance imaging showing disc disease, foraminal narrowing and degenerative changes and status post epidural injections. Treatment to date has included radiographic imaging, steroid injections, medications, surgical intervention of the Achilles tendon and work restrictions. The medical records provided for review do not indicate a medical necessity for Tramadol 37.5/325mg #60. Tramadol is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain, but the records indicate she has been using tramadol at least since 08/2014 with no overall improvement. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker is not properly monitored for pain relief, activities of daily living and adverse effects.