

Case Number:	CM15-0113652		
Date Assigned:	06/22/2015	Date of Injury:	06/20/2005
Decision Date:	07/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 6/20/05. He reported initial complaints of crush type injury to left leg, ribs, thoracic, lumbar, right eye. The injured worker was diagnosed as having crush type injury; lumbar strain; left knee torn meniscus; T11 compression fracture thoracic spine/ribs fracture. Treatment to date has included status post left leg surgical repairs x8; status post left hip ORIF surgery; status post left hip hardware removal; status post left knee replacement (2008); physical therapy; injections; medications. Currently, the PR-2 notes dated 4/29/15 indicated the injured worker complains of low back pain as well as left knee, left ankle and left leg pain rated at 8-9/10 without medications, however fully functional with the help of medications. On examination the provider notes the gait is normal with heel and toe ambulation causing no increase in back pain. He has tenderness at L4-L5 and L5-S1. He can flex to two to three inches to the ground. His straight leg raise from the supine position is negative at 90 degrees bilaterally. Sensation is notes as intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The left knee exam bears a well healed scar from a previous hemiarthroplasty and range of motion is unrestricted to 150 degrees of flexion with no crepitus in the patellofemoral joint tracking normally. Cruciate function of the knee is intact with negative anterior and posterior drawer sign and negative Lachman maneuver. Gross instability of the knee is satisfactory at full extension and 30 degrees of flexion to varus and valgus stress testing. He notes tenderness in the left ribcage area. His treatment plan includes a refill of Norco 5/325mg as needed for severe pain. The provider is also requesting Tramadol 50mg #60 for his inflammation and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines opioids Page(s): 93-94, 78, 80-81. Decision based on Non-MTUS Citation ACOEM, Second Edition, 2004, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back, left knee, ankle and leg. The current request is for Tramadol 50mg #60. The treating physician report dated 4/29/15 (5B) states, "The patient states that his low back pain as well as left knee, left ankle and left leg pain is somewhere (between) 8-9 without medication, however with the help of medication he is fully functional." A report dated 3/25/15(18B) states, "The patient states that with the help of Norco as well as tramadol the pain is manageable, otherwise it is miserable condition." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Tramadol since at least 2/18/15 (15B). The report dated 4/29/15 notes that the patient's pain level is an 8-9/10 without medication. No adverse effects or adverse behavior were noted by patient. The patient's ADLs have improved such as the ability to be fully functional, work, and partake in a home exercise program. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The patient is currently working. The continued use of Tramadol has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required As are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.