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| Case Number: | CM15-0115903 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 08/04/2014 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal 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 58-year-old male, who sustained an industrial injury on 8/4/2014. The mechanism of injury was not described. The current diagnoses are contusion of the leg and internal derangement of the knee. According to the progress report dated 5/20/2015, the injured worker needs medication for pain. The level of pain is not rated. No change in functional status since last exam was documented. There are no objective findings noted. The current medication list is not available for review. Treatment to date was not identified in medical records. A request for Tramadol has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 74-96.

Decision rationale: The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non-opioid analgesics, baseline pain and functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. The physician's pain related assessment should include history of pain, treatment, and effect of pain and function. In this case, there is no there is no documentation of a baseline pain assessment, which includes the least reported pain, average pain, and intensity of pain since last assessment. There was no documentation of trial of non-opioid analgesics, risk assessment for aberrant behavior, assessment of baseline function, discussion of functional goals, opioid contract, urine drug screen, or physical examination submitted. Therefore, based on MTUS guidelines and submitted medical records, the request for Tramadol is not medically necessary.