

Case Number:	CM15-0125113		
Date Assigned:	07/09/2015	Date of Injury:	12/10/2009
Decision Date:	08/12/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/29/2015

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 62-year-old female, who sustained an industrial injury on 12/10/09. She has reported initial complaints of low back, right knee and right foot pain. The diagnoses have included lumbar radiculopathy, lumbar strain/sprain, right and left knee chondromalacia, right ankle and foot joint pain and right ankle and foot difficulty walking. Treatment to date has included medications, diagnostics, off of work, chiropractic, and shockwave therapy. Currently, as per the physician progress note dated 4/20/15, the injured worker complains of low back pain, bilateral knee pain and right foot pain. The objective findings reveal that she has antalgic gait and a mild limp. The lumbar spine has decreased range of motion, there is tenderness to palpation of the lumbar paravertebral muscles, and straight leg raise is positive. The right knee reveals decreased flexion with range of motion, tenderness to palpation and muscle spasm. The left knee reveals decreased flexion with range of motion, tenderness to palpation and muscle spasm. The right foot reveals tenderness to palpation of the calcaneus dome and dome of talus. Tramadol, Cyclobenzaprine and Gabapentin were dispensed. The urine drug screen dated 2/24/15 was consistent with the medications prescribed. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right ankle. There are no other diagnostic reports noted. The physician requested treatment included Tramadol Extended Release 150mg #30 tablets for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Extended Release 150mg #30 tablets: Upheld

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

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, bilateral knees and right foot. The current request is for Tramadol Extended Release 150mg #30 tablets. The requesting treating physician report dated 4/20/15 (111B) provides no rationale for the current request. 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 03/23/15. The UR report dated 5/21/15 (4A) notes that the patient has been taking Tramadol for at least 3 months. No adverse effects or adverse behavior were discussed in the medical documentation submitted. The report dated 4/20/15 notes that the patient has not returned to work. In this case, all four of the required A's are not addressed, pain has not been monitored upon each visit and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Tramadol. The current request is not medically necessary.