

Case Number:	CM15-0125201		
Date Assigned:	07/09/2015	Date of Injury:	03/25/1999
Decision Date:	08/07/2015	UR Denial Date:	06/08/2015
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

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 74 year old female, who sustained an industrial injury on 3/25/99. Initial complaints were not reviewed. The injured worker was diagnosed as having multi-level disc desiccation; bulging disc/scoliosis; left hip pain; left knee medial meniscal tear; failed left hip arthroplasty. Treatment to date has included status post left L4-L5 discectomy; status post left hip arthroplasty; status post left hip closed reduction under conscious sedation (2/12/15); physical therapy; medications. Currently, the PR-2 notes dated 5/1/15 indicated the injured worker was seen in this office for a re-evaluation. She presents for her injuries to her low back, left upper leg and left shin. She complains of aching and burning low back pain rated at 9-10/10 and stabbing and aching of the left upper and lower leg pain of 8-10/10. She has left shin pain rated at 8-9/10 and right upper leg pain with pins and needles sensation. She is currently reporting taking Omeprazole, Norco and Lexapro that help her. She is not attending any form of therapy and currently not working. She reports trouble sleeping, fatigue and weakness. She reports skin dryness, pain in the neck, shortness of breath (paroxysmal nocturnal (dyspnea) and denies chest pain or difficulty breathing lying down (orthopnea). She reports calf pain with walking (claudication) but denies leg cramping. She reports easy bruising and reports heat and cold intolerance. She reports stress and depression. She has a normal gait. Palpation notes tenderness in the paraspinous musculature of the thoracic and lumbar regions. Muscle spasms are positive in the lumbar region left side with spasm on lumbar range of motion. Sensory testing with pinwheel is normal except for decreased sensation at the L5 dermatome bilaterally. The provider documents she is having quite severe increases in her pain. She had undergone a left hip

replacement and now the right hip bothers her. He notes she may have a compensatory lesion in any event and will prescribe her medications. The provider is requesting authorization of an Orthopedic re-evaluation and Tramadol 50mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. It was noted that the patient was currently taking Norco for pain. It was unclear if this request for Tramadol was to be in place of the Norco or in addition to it. Tramadol 50mg #90, 3 refills is not medically necessary.

Orthopedic re-evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The requesting physician is an orthopedic surgeon and the re-evaluation would be a follow-up visit with him. The original reviewer approved this request and I am reaffirming the certification. Orthopedic re-evaluation is medically necessary.