

Case Number:	CM15-0174967		
Date Assigned:	09/16/2015	Date of Injury:	09/06/2007
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 63 year old male individual who sustained an industrial injury on 9-6-07 from a slip and fall. The injured worker is retired. Diagnoses include bilateral shoulder impingement syndrome; sacroiliac ligament strain, sprain; cervical sprain, strain; right cervical radiculopathy; lumbar sprain, strain; left leg radiculopathy. He currently (7-29-15) complains of worsening left knee pain with radiation down to the ankle with a pain level of 6 out of 10 with medication and 8 out of 10 without medication. He reports he has had this pain for the "past several years" and medication enables him to walk a little better. On 7-9-15 he had a drug screen which was consistent with prescribed medications. On 7-23-15 the injured worker presented to the emergency department due to left knee pain and reported that the tramadol gives minimal relief. Per the 4-8-10 progress note (within the 6-16-14 report) the injured worker was prescribed tramadol for burning left leg pain. On physical exam there was pain and tenderness of the thoracolumbar, upper lumbar, lower lumbar, lumbosacral and shoulder areas with muscle spasms in the right and left lumbar, right posterior thigh, right posterior knee, right calf, right and left plantar foot, and nearly all left side of the body. There were multiple diagnostic tests over the years. In the progress note dated 7-29-15 the treating provider's plan of care included a request for tramadol 50mg #90. The request for authorization dated 7-29-15 included tramadol 50mg #90. On 8-18-15 utilization review evaluated and modified the request for tramadol 50mg #90 to tramadol 50mg #48 with the remaining #42 non-certified based on no documentation of quantifiable objective reports of pain relief or increase in functional status associated with its use, injured worker claims the pain is worsening, failed trial of opioids in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines identifies Tramadol as a centrally-acting synthetic opioid for moderate to severe pain. Ongoing use of opioids is supported in patients who demonstrate significant pain relief, improved function and return to work. Ongoing use also requires review and monitoring of the "4 A's," which include, analgesia, functional status, appropriate use and side effects. In this case, there are no quantifiable objective reports of pain relief or improvement in functional status. The patient in fact reports that his pain is worsening on Tramadol. The patient has a history of failing trials of opioids in the past. Therefore, based on the above factors, the request for ongoing Tramadol is not medically necessary or appropriate.