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| Case Number: | CM15-0075199 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 08/16/2010 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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: Arizona, California
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 66 year old male, who sustained an industrial injury on August 16, 2010. He has reported neck pain, back pain, hand pain, shoulder pain, thumb pain, and knee pain. Diagnoses have included right shoulder impingement syndrome, right shoulder bursitis, bilateral knee degenerative joint disease, bilateral knee internal derangement, lumbar spine strain/sprain, chronic lower back pain, hand fracture, and tenosynovitis of the hand. Treatment to date has included medications, physical therapy, acupuncture, and imaging studies. A progress note dated March 19, 2015 indicates a chief complaint of right hand pain, right thumb pain, right shoulder pain, bilateral knee pain, and lower back pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant was on Ultram along with Norco and Naproxen without routine pain score documentation (noted in March 2015 but not February 2015). The claimant had persistent pain, which required knee injections. There was no mention of failure of Tylenol or Tricyclics or titration with a lower dose. In addition, future pain response cannot be determined. The request for Tramadol with 2 refills is not medically necessary.