

Case Number:	CM15-0079415		
Date Assigned:	04/30/2015	Date of Injury:	02/15/2012
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/24/2015

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 53 year old male who sustained an industrial injury on 2/15/12. The injured worker reported symptoms in the back. The injured worker was diagnosed as having mild cervical spine degenerative disc disease with chronic cervicgia, left knee pain/ chondromalacia patella with chronic pain, myofascial pain, and left lateral epicondylitis. Treatments to date have included physical therapy, acupuncture treatment, medications, activity modification, transcutaneous electrical nerve stimulation unit, and non-steroidal anti-inflammatory drugs. Currently, the injured worker complains of back discomfort. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/opioids Weaning Page(s): 92-93, 124.

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. In this case the claimant was given NSAIDs and muscle relaxants along with Tramadol. There was a plan to wean the Ultram over the next 2 months but the protocol was not defined. Pain scores were not noted. The dosing and plan were not substantiated and therefore the use of Tramadol is not medically necessary.