

Case Number:	CM13-0036702		
Date Assigned:	12/13/2013	Date of Injury:	06/03/2009
Decision Date:	02/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old male who reported injury on 06/03/2009. The mechanism of injury was not provided. The patient was noted to have significant right knee pain. The physical examination revealed the patient was noted to have positive swelling, positive medial and lateral joint line tenderness, and now positive patella facet tenderness. The patient's diagnosis was noted to include right knee chondromalacia, tricompartmental. The plan was noted to include tramadol ER 150 mg and an injection of Kenalog for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section, Ongoing Management Section Page(s): 82, 93, 94, 113, 78.

Decision rationale: The California MTUS states central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily

living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4A's. Given the above, and the lack of documentation of exceptional factors, the request for Tramadol ER 150 mg #30 is not medically necessary.