

Case Number:	CM13-0044779		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2011
Decision Date:	08/26/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 59-year-old male who reported an injury on 01/07/2011 due to carrying a 4 x 4 post out of his work truck when his foot caught a sprinkler head in the dirt causing him to twist his left knee, causing him to fall to the ground. The injured worker has diagnoses of left knee internal derangement; status post left knee surgery, and a Baker's cyst. The injured worker's past treatment included physical therapy, the use of a knee brace, and medication therapy. The injured worker has undergone x-rays of the left knee and MRIs of the left knee. The injured worker underwent left total knee replacement on 02/07/2012. The latest documentation submitted for review on the injured worker's subjective complaints and physical findings were dated 07/11/2013. The injured worker complained of intermittent sharp pain with a lot of walking in the left knee. There was no radiating pain either up into the thigh or down into the calf. He stated that there was pain with prolonged standing, walking, going up and down stairs and/or hills, and with kneeling and squatting. The injured worker complained that the left knee had worsened with the presence of the cyst on the back of the knee. The injured worker rated his pain at a 6-8/10 with activity. Physical examination revealed that there was no tenderness to the knee. The examination also revealed that there was crepitation 1+. Examination revealed that the total knee replacement was satisfactory and varus/valgus was normal. Medications for the injured worker include Tramadol 37.5/325 mg, Naproxen Sodium 550 mg, and Protonix 20 mg. The duration and frequency were not noted in the submitted report. The treatment plan is for Tramadol 37.5/325 mg. The rationale is that medication is a step in the right direction the provider thinks should be taken to correct gastrointestinal issues the injured worker is having due to medications, but wants to continue the use of tramadol 37.5/325 mg. The Request for Authorization form was submitted on 09/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 133, 78.

Decision rationale: The injured worker complained that the left knee had worsened with the presence of the cyst on the back of the knee. The injured worker rated his pain at a 6-8/10 with activity. 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. 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 submitted report revealed that the injured worker did not have a diagnosis of neuropathic pain. The report also lacked any evidence of effectiveness of functional improvement with the use of the Tramadol. There was no evidence suggesting what pain levels were before, during, and after the medication use. There was also no documentation of the 4 A's, to include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There were no drug screens submitted for review showing that the injured worker was in compliance with the MTUS. Furthermore, it is unclear as to when the injured worker started taking the Tramadol and how often. The submitted request did not indicate a frequency of the use of the Tramadol or a quantity. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request for Tramadol 37.5/325mg is not medically necessary.