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| Case Number: | CM14-0008098 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 09/16/2009 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 12/24/2013 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 Occupational Medicine, and is licensed to practice in California. 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 patient is a 51-year-old female who has submitted a claim for cervical discopathy/radiculitis, bilateral carpal tunnel/double crush, cubital tunnel syndrome, lumbar discopathy and status post right knee arthroscopic surgery with meniscectomy and chondroplasty and degenerative joint disease associated with an industrial injury date of 3/16/09. Medical records from 2010-2013 were reviewed, which revealed constant pain in her knee rated at 8-9/10. Knee pain was aggravated by walking. She reported difficulty getting from her car to her building at work. Pain was relieved by ice, standing, heat and movement. Physical examination of the cervical spine showed tenderness at the cervical paravertebral and upper trapezial muscles with spasm. There was limited range of motion secondary to pain. Examination of bilateral upper extremities showed tenderness in the first dorsal compartment. Tinel and Phalen tests were positive. Lumbar spine examination revealed tenderness from mid to distal lumbar segments. Seated nerve root test was positive. Right knee examination showed pain with terminal flexion. Patellar compression test was positive. Treatment to date has included right knee arthroscopic surgery with meniscectomy, chondroplasty, and physical therapy sessions. Medications taken include Naproxen Sodium, Omeprazole, and Tramadol Hydrochloride.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As stated on pages 79-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been using tramadol since March 2013. However, quantified pain measures and functional status were not documented. Compliance measuring methods were also not evident based on the records submitted for review. As such, the request is not medically necessary.