

Case Number:	CM14-0107824		
Date Assigned:	08/01/2014	Date of Injury:	08/25/2001
Decision Date:	09/25/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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 62-year-old male who has submitted a claim for postsurgical states associated with an industrial injury date of August 25, 2001. Medical records from 2007 through 2014 were reviewed, which showed that the patient complained of bilateral knee pain. She was status post bilateral total knee arthroplasty. On examination, patient was found to have a well-healed incision at the anterior aspect of the knee, tenderness at the medial and lateral joint line, diffuse tenderness along the medial and lateral aspect of the tibia, flexion of 120 degrees, extension of 0 degrees, mild weakness of the quadriceps and hamstring muscle and mild numbness in the peri-incisional area. Treatment to date has included surgery, opioids, and topical analgesics. Utilization review from June 24, 2014 modified the request for Tramadol/APAP 37.5/325mg #100 to Tramadol/APAP 37.5/325mg #42 because the medication was no longer recommended (due to side effects, non-adherence to opioids and limited benefits) and weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management; Acetaminophen (APAP) Page(s): 78-82; 11-12.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Acetaminophen is indicated for treatment of chronic pain & acute exacerbations of chronic pain. In this case, the patient had been on Tramadol/APAP since at least April 15, 2014. Although the patient's pain decreased from 7/10 to 5/10 from April 15 to May 27, there was no assessment how the medication affected the functional status. There was no recent urine drug screen to monitor the patient's medication use. The recent progress notes did not explore the possible side effects of Tramadol. The necessity for ongoing opioid use was not established. Therefore, the request for Tramadol/APAP 37.5/325mg #100 is not medically necessary.