

Case Number:	CM14-0135701		
Date Assigned:	08/29/2014	Date of Injury:	07/28/2013
Decision Date:	10/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Surgery 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 injured worker is a 65 year old female injured on 07/28/13 due to a trip over cables landing on the left knee. The injured worker developed left knee pain and significant pain with bending and twisting. MRI of the left knee revealed lateral meniscus tear requiring partial lateral meniscectomy on 01/28/14. Clinical note dated 05/20/14 indicated the injured worker presented reporting 70% improvements from pre-surgical status. The injured worker described pain as dull, mild, constant, and rated at 3/10. The injured worker reported worsening of pain with bending of the knee and improvement with rest. Physical examination revealed normal range of motion, sensation intact, no motor deficits, full range of motion and normal reflexes. The documentation indicated the injured worker not taking any medications at the time. The initial request for Tramadol ER 150mg 1 per day PRN #90 was initially non-certified on 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg 1/day PRN #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Tramadol ER 150mg 1/day PRN #90 cannot be recommended as medically necessary at this time.