

Case Number:	CM14-0144133		
Date Assigned:	09/12/2014	Date of Injury:	02/12/2012
Decision Date:	11/06/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old male with a work injury dated 2/12/12. The diagnoses include right knee meniscal tear- status post op; left knee pain exacerbation ;L4-5 herniated disc; right sciatica; headaches; sleep dysfunction. Under consideration are requests for Tramadol HCL 50 mg #90. There is a 5/16/14 document that states that the patient is currently not working. He has been off of work on temporary total disability from February 12, 2012 through March 15, 2012. He has been on modified duty from March 15, 2012 through May 24, 2012. He has remained off work since May 24, 2012. He has right knee swelling and trouble walking. He has left knee pain. He has pain radiating down from the right side of his low back to his right ankle at times. He is taking Ultram at bedtime to help him sleep through the night and for his back pain. His current medications include Ibuprofen 600 mg one BID to TID Ultram 50 mg one QHS. Complaints of bilateral knee pain, unable to kneel or squat, pain worse with prolonged walking. He has pain in low back, interferes with sleep, difficult to bend over, tie shoes, put on pants. He is unable to tolerate prolonged walking or sitting without a break. On exam with flexion at the waist, his fingertips reach to 8" from the floor. Extension of the spine is to 15 degrees. Right lateral bending is to 30 degrees, on the left to 35 degrees. There is tenderness over the right SI joint. There is full range of motion of the left knee and palpable crepitus with flexion and extension. Well healed arthroscopic scars over both knees. The right knee lacks 5-7 degrees full flexion. There is no swelling over either knee. Slight fullness of the right popliteal fossa. Muscle strength, muscle bulk and tone appear to be normal in the upper and lower extremities 5/5 including hand grip bilaterally. Straight leg raise is positive on the right at 60 degrees and negative on the left. Deep tendon reflexes are 2+ symmetric and preserved in the upper and

lower extremities. Light touch sensation is preserved. Romberg is normal. Mental status is within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 79-80.

Decision rationale: Tramadol HCL 50 mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not support ongoing opioids without evidence of improvement in pain or function. The documentation indicates that the patient has been on Tramadol since 2012. The documentation does not indicate significant evidence of functional improvement or sustained return to work. The continuation of Tramadol is not appropriate without improvement in function or pain. The request for Tramadol HCL 50 mg #90 is not medically necessary.