

Case Number:	CM14-0150397		
Date Assigned:	09/19/2014	Date of Injury:	06/05/2001
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 and is licensed to practice in Texas. 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 66-year-old female with a reported date of injury on 06/05/2001. The injury reportedly occurred when the injured worker struck her right knee on a tow hitch on parts of the tug motor. Her diagnoses were noted to include status post right total knee arthroplasty, knee and leg sprain/strain and chondromalacia patellae. Her previous treatments were noted to include surgery, cane, home exercises, and physical therapy. The progress note dated 04/04/2014 revealed constant severe right knee pain. The physical examination revealed tenderness to the right knee joint line with positive patella compression test and pain with terminal flexion with crepitus. The progress note dated 04/24/2014 revealed the request for tramadol ER 150 mg #90 for acute severe pain. The progress note dated 06/18/2014 revealed complains the Flexeril had not helped the muscle spasms. The provider indicated the injured worker had done well with physical therapy and had full extension with improving strength. The injured worker was advised to use a cane and progress away from the walker. The Request for Authorization form was not submitted within the medical records. The request was for Tramadol ER 150 mg once a day as needed #90 for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg once a day as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93-94 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78..

Decision rationale: The request for Tramadol ER 150mg once a day as needed #90 is not medically necessary. The injured worker has been utilizing this medication at least since 04/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opiate medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with use of medications. There is a lack of documentation regarding side effects and to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding significant pain relief, improve functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. As such, the request is not medically necessary.