MAXIMUS Federal Services

Case Number:	CM14-0024347		
Date Assigned:	06/11/2014	Date of Injury:	07/06/2009
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Geriatrics and is licensed to practice in New York. 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 52 year old woman with a date of injury of 7/6/09. She was seen by her primary treating physician on 12/11/13 with complaints of left knee pain. She is status post three Euflexxa injections which provided relief and she continued with a gym membership. Her knee exam showed no effusion but tenderness along the lateral patellar facet and the lateral joint line/femoral condyle. Her range of motion was 0 - 100 degrees with lateral pain at each limit. There was no laxity or instability and Lachman and pivot shift were negative. Her hamstring and quadriceps strength was excellent and she was neurovascularly intact. Her diagnoses included left knee arthritis, chondromalacia patella left knee and plantar fasciitis right foot. She was to continue tramadol and hydrocodone for pain. The tramadol is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or side effects to justify ongoing use. The tramadol is denied as not medically necessary.