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| Case Number: | CM14-0028572 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 09/10/2010 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 Pain Management, has a subspecialty in Physical Medicine Rehabilitation, and is licensed to practice in California and Washington. 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 61-year-old male who reported an injury on 09/10/2010 due to an unknown mechanism. The injured worker complained of knee pain but still had some crepitation in the knee, but the pain is much less than it was preoperatively. The injured worker's medications were Losartan, Tramadol, Nasonex, Tylenol, Celebrex, vitamin C, multivitamins, and Ginkgo Biloba. On a physical examination dated 05/15/2014, the right knee exam showed full extension and flexion with minor crepitation and well healed incisions. The injured worker's diagnoses were status post right knee arthroscopy for arthrofibrosis and retained cement post knee arthroplasty, status post left arthroplasty, history of CRPS type 1 improved symptoms, and lumbosacral disc disease. The care plan was for the injured worker to continue Celebrex as needed for lumbar complaints, continue home exercise program with a physician follow-up. The request for Tramadol 50 mg was received with documentation. The injured worker received physical therapy post-operatively for his knee. The rationale for the request or the request for authorization form was not provided with the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG QUANTITY 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids on-going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the on-going management of Opioid use should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also specify that a pain assessment should be performed at each visit and include a current pain level; the least reported pain over the period since last assessment; the average pain; the intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The 4 A's, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should also be addressed at each visit. There was also a lack of documentation regarding the injured worker's functional benefits with use of the requested medication and there was no consistent urine drug testing provided to confirm appropriate medication use. There was a lack of documentation indicating the pain relief the injured worker experienced as a result of this medication to support continued use. The request as submitted did not include the frequency of the medication. Therefore, the guideline criteria have not been met for continued use. As such, Tramadol 50 mg is not medically necessary.