

Case Number:	CM14-0037067		
Date Assigned:	06/25/2014	Date of Injury:	03/31/2005
Decision Date:	08/15/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 61 year old male injured on 03/31/05 due to an undisclosed mechanism of injury. Current diagnoses include knee joint pain, chondromalacia patella and osteoarthritis of the lower leg. The clinical note dated 03/03/14 indicates the injured worker presented complaining of moderate to severe left knee pain. The injured worker was requesting copper brace for the left knee. Physical examination revealed decreased range of motion, tenderness, and lateral joint line and patellar tendon tenderness noted. The injured worker was released to work on modified duty and request for copper knee brace for the left knee submitted. There was no documentation regarding prior medications or requests for medications. The initial request for Tramadol HCL tablet 60mg, quantity 100 was initially non-certified on 03/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Tablet 60 MG Quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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. There are no documented visual analog scale pain scores for this injured worker with or without medications. There was no documentation regarding the prior use or initiation of the requested medication. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tramadol HCL tablet 60mg quantity 100 cannot be established at this time, therefore the request is not medically necessary.