

Case Number:	CM14-0038112		
Date Assigned:	06/25/2014	Date of Injury:	11/17/2005
Decision Date:	08/18/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 55 year old female who sustained an injury on 11/17/05 while kneeling. The injured worker reported a pop in the left knee followed by swelling and pain. The injured worker is noted to have had a prior left knee medial meniscectomy completed on 03/04/07. The injured worker was also provided viscosupplementation injections for the left knee without relief. The injured worker treated with a pain management specialist and was utilizing Tramadol 50mg for pain. The clinical report from 02/21/14 noted that the injured worker was continuing to take Tramadol 50mg three times daily. This decreased pain and allowed the injured worker to walk longer distances. The injured worker reported side effects from Tramadol to include dizziness; however, this was not severe enough to prevent her from taking the medication. The injured worker was noted to have a continuing antalgic gait with limited range of motion on flexion to 115 degrees. There was mild quadriceps strength noted to the left side with tenderness to palpation over the left knee medial and lateral joint lines. Pain scores were noted to be 7/10 on the visual analogue scale (VAS) at this evaluation. On 06/12/14 the injured worker's symptoms in the left knee remained unchanged. No changes in the injured worker's pain scores for the left knee were noted. The injured worker indicated that prior surgery had not helped in terms of left knee pain and no relief from injections. No change in the injured worker's medications was present. Physical examination noted continuing loss of range of motion in the left knee on flexion to 95 degrees with severe pain to palpation over the medial and lateral joint lines as well as over the anterior patellar tendon. Crepitus was noted with left knee range of motion and pain was reported. No instability was identified. Strength testing could not be performed due to severe pain; however, there was no evidence of any significant quadriceps weakness. The requested Tramadol 50mg, quantity 90 with 2 refills was denied on 03/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tramadol 50mg # 90 x 2 refills request not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker did not have any clear evidence of efficacy regarding the use of Tramadol. There was no indication of any substantial reduction of pain or any indication of ongoing functional improvement that would have supported the continuing use of Tramadol. Per guidelines, Tramadol can be utilized to address moderate to severe musculoskeletal complaints. However, guidelines do recommend there be ongoing assessments establishing pain reduction as well as functional improvement through VAS pain scores and by physical examination. As this was not evident in the clinical documentation submitted for review, this request for Tramadol 50mg #90 x 2 refill is not medically necessary and appropriate.