

Case Number:	CM14-0039221		
Date Assigned:	06/27/2014	Date of Injury:	01/25/2013
Decision Date:	07/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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 California. 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:

This is a 54-year-old gentleman with a date of injury of 1/25/13 Mechanism of injury was a restraint of another person, causing him to fall to the ground. He has multiple injured body parts, and has been diagnosed with cervical strain, lumbosacral strain, right shoulder impingement, bilateral hip sprain/strain, bilateral knee sprain/strain and internal derangement at the knees. An MRI from 3/21/13 shows right knee posterior horn medial meniscus tear and the left knee MRI shows posterior horn medial and lateral meniscus tears. The patient has osteoarthritis of the knees. The patient was evaluated by an orthopedic AME on 10/08/13, and agreed with the treating orthopedist recommendation for bilateral knee arthroscopy. First the left, followed by the right 3 months afterward. As of the submission to Utilization Review for refills of Tramadol, the treating orthopedist had not yet done the first surgery, as it appears that he was waiting on the AME recommendations. Surgery was to be scheduled on the 3/18/14 follow-up. This was submitted to Utilization Review with an adverse determination rendered on 3/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200, one or two QID PRN pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines do not support use of chronic opioids for non-malignant pain, however, in this case, the patient was found to have bilateral knee meniscus tears, and was evaluated by an orthopedic AME who supports the treating orthopedist recommendation for bilateral knee surgery, the left first, followed by the right. Guidelines do support use of opioids for post-operative pain control in the acute to subacute period. As this patient was deemed appropriate for surgery and is in the process of getting the first scheduled, pain control with opioids during this peri-operative period is appropriate. Medical necessity for use of Tramadol is established. Therefore, the request is medically necessary.