

Case Number:	CM14-0048894		
Date Assigned:	06/25/2014	Date of Injury:	04/11/2012
Decision Date:	07/23/2014	UR Denial Date:	03/10/2014
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 Family Medicine, and is licensed to practice in Utah. 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 patient is a 64-year-old with a date of injury of April 11, 2012. The mechanism of injury was a slip and fall onto her left knee. The patient has been diagnosed with patellar tendon tear, patella injury and back pain. The patient's treatments have included surgery (including partial inferior pole patellectomy with reattachment of the patellar tendon), H-wave machine, knee bracing, physical therapy, imaging studies and medications. The physical exam findings, dated September 18, 2013 shows the left knee exam as a range of motion decreased, also noted with tenderness. The lumbar exam was documented as decreased motion, with tenderness as well. The patient's medications have included, but are not limited to, Ultram, Amaprox, Flexmid, Prilosec, Transdermal creams, Naproxen, and Tramadol. The request is for Tramadol. This medication was started on the visit of September 16, 2013 and was not discontinued or tapered. There is no documentation that states the outcome of using this specific medication, only that she had pain without her medications, and it was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 100mg tablet Extended Release #30: 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 OPIOIDS
Page(s): 89, 93-94, 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Tramadol HCL 100mg tablet Extended Release #30. The Chronic Pain Medical Treatment Guidelines state the following: Opioids should be continued if 1) if the patient has returned to work or 2) If the patient has improved functioning and pain. According to the clinical documentation there is no evidence that she has had improvement in function with her current medication of Tramadol. There is also no evidence in the documents that the patient has returned to work. From the documentation notes of October 15, 2013, there was recommendation for weaning off of Tramadol, with the provider in agreement. This was not done according to the records. Therefore, the request for Tramadol HCL 100mg tablet extended release, thirty count, is not medically necessary or appropriate.