

Case Number:	CM14-0072582		
Date Assigned:	07/16/2014	Date of Injury:	10/30/2003
Decision Date:	09/10/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: There were 118 pages provided for review. This request for independent medical review was signed on June 2, 2014. The patient was described as a 75-year-old man who was injured on October 30, 2003. The injury occurred when he slipped and fell on a cleaning tool, causing injury to the left knee. The diagnosis was a left knee sprain. There were other diagnoses cited in January 31, 2014 records, including bilateral knee arthritis, lumbar degenerative disc disease, degenerative joint disease, status post left medial meniscectomy, status post left total knee replacement, status post right knee debridement, status post L4 and L5 fusion, insomnia, depression, anxiety and sexual dysfunction. Electrodiagnostic studies were reported as abnormal in February 2013 without further detail. The left total knee replacement was reportedly complicated by infection. The patient was not working and was not in therapy. He took tramadol 150 mg twice a day along with Prilosec and Xanax. He walked in a guarded fashion. There was tenderness from L3 through L5 bilaterally where the hardware was. Straight leg raises were positive at 70 and negative at 90 seated. Lying down straight leg raises was positive at 40 in both legs, and negative at 70. He received four trigger point injections and the patient had some relief right away. Medicines were Tramadol, Flexeril, and Prilosec. The doctor recommended a lumbar MRI as well as a new computed tomography scan of the lumbar spine. Drug testing results appeared positive but consistent for Tramadol and also for a prescribed benzodiazepine. The patient apparently is also being prescribed Alprazolam. There was a January 16, 2014 Qualified Medical Evaluation. While working in 2003 he was standing on top of a block of stone fence clearing brush on a hill. He lost his balance and fell about 4 to 5 feet to the ground. He landed on the cement floor with his right knee sustaining a hard impact. He was able to stand up by himself, but he experienced immediate pain to the low back and knees, reported the injury to his

supervisor, and were referred to medical care. On x-ray, he had a left fibular head fracture. The left leg was placed in an immobilizer brace. He has received office visits, physical therapy to the low back and knees for several weeks and medicines. He also had bilateral knee arthroscopy is followed by postoperative physical therapy. Following the injury, he was placed on light duty. Diagnostic impressions were hypertension, dyslipidemia, mild chronic renal insufficiency, left a hemi retinal vein occlusion, benign prostatic hypertrophy, post angioplasty times two, right inguinal hernia status post repair, opiate induced constipation, H. pylori infection, anemia of chronic disease, hepatomegaly, degenerative disc disease, orthopedic injuries and psychiatric injuries. He worked as a maintenance worker and a gardener. He had sustained multiple industrial injuries during the course and scope of his six years of employment. Future medical care would include medical office visits, diagnostic testing when appropriate, and medicines appropriate for the applicant's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113 of 127.

Decision rationale: The Expert Reviewer's decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported therefore this request is not medically necessary.