

Case Number:	CM14-0072721		
Date Assigned:	07/16/2014	Date of Injury:	01/02/2006
Decision Date:	09/22/2014	UR Denial Date:	04/15/2014
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 Internal 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 patient is an injured worker with knee and lumbar back conditions. Date of injury was 01-02-2006. Orthopaedic report by the primary treating physician January 7, 2014 documented that the patient was last seen on 1/6/14 for injuries sustained in a 1/2/06 work accident. She continues with right knee pain. An MRI of the right knee shows a lateral meniscus tear. Based on the patient's current subjective complaints and objective findings on physical examination, and the results of the MRI, with a lack of response to nonsurgical treatment, right knee arthroscopic surgery is felt to be necessary. The risks and benefits of the surgery were discussed with the patient. The patient wishes to go ahead with the procedure. Progress report dated 02-14-2014 documented subjective complaints of right knee pain, objective findings of meniscus tear on MRI. Diagnoses were right knee lateral meniscus tear, status post lumbar fusion. Treatment plan included Diclofenac and right knee arthroscopy. Utilization review decision date was 04-15-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol HCL 50mg #90 04/03/2014 and 04/03/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, 123.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Ultram is not classified as a controlled substance by the DEA. Ultram is indicated for the management of moderate to moderately severe pain. Progress report dated 02-14-2014 documented subjective complaints of right knee pain, objective findings of meniscus tear on MRI. Diagnoses were right knee lateral meniscus tear, status post lumbar fusion. Treatment plan included Diclofenac. No physical examination was documented. Failure of first-line was not documented. Medical records for the date of service 04-03-2014 were not submitted for review. The use of Ultram (Tramadol) is not supported by medical records. Therefore, the request for Retrospective Tramadol HCL 50mg #90 04/03/2014 and 04/03/2014 is not medically necessary.

Retrospective Gabapentin 300mg #60 04/03/2014 and 04/03/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Page(s): 18.

Decision rationale: The Medical treatment utilization schedule (MTUS) Pain Medical Treatment Guidelines states that Gabapentin is considered as a first-line treatment for neuropathic pain. Progress report dated 02-14-2014 documented subjective complaints of right knee pain, objective findings of meniscus tear on MRI. Diagnoses were right knee lateral meniscus tear, status post lumbar fusion. No physical examination was documented. Medical records for the date of service 04-03-2014 were not submitted for review. No diagnosis of neuropathic pain was documented. The use of Gabapentin is not supported by medical records. Therefore, the request for Retrospective Gabapentin 300mg #60 04/03/2014 and 04/03/2014 is not medically necessary.