

Case Number:	CM14-0191760		
Date Assigned:	11/25/2014	Date of Injury:	05/22/2012
Decision Date:	12/10/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury on 5-22-2012. The medical records indicate that the injured worker is undergoing treatment for bilateral lateral meniscus tears, bilateral chondromalacia patella, bilateral knee pain, lumbago with L5 on S1 grade I spondylolisthesis, and intermittent right leg radiculopathy. According to the progress report dated 10-15-2014, the injured worker presented with complaints of chronic bilateral knee and low back pain. The level of pain is not rated. The physical examination of the bilateral knees reveals effusion, crepitation and pain with patella femoral compression. Examination of the lumbar spine reveals paraspinous muscle spasms and tenderness. The current medications are Naproxen and Tramadol (since at least 4-28-2014). Previous diagnostic testing includes MRI studies. Treatments to date include medication management. Work status is described as full duties. The original utilization review (10-31-2014) partially approved a request for Tramadol 50mg #60 (original request was for #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with tramadol 50 mg #120. Therefore, the requested treatment is not medically necessary.