

Case Number:	CM14-0194984		
Date Assigned:	12/02/2014	Date of Injury:	02/15/2013
Decision Date:	01/20/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/20/2014

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, has a subspecialty in Interventional Spine 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 injured worker is a 62-year-old female with a date of injury of 02/15/2013. According to progress report dated 10/10/2014, the injured worker presents with ongoing bilateral knee as well as cervical spine pain. Bilateral knee pain ranges from 4-7/10 and neck pain ranges from 4-5/10. Examination of the cervical spine revealed tenderness to palpation about the midline in paraspinal regions. There is positive paraspinal muscle spasms noted. Examination of the upper extremity revealed decreased range of motion and there is positive subacromial bursitis. There is 5-/5 strength to resistance in all directions. Examination of the left knee revealed range of motion 0-130 degrees. There is painful patellofemoral crepitus with motion and positive McMurray's testing creating medial and lateral joint line pain. Tenderness was noted to palpation along the medial and lateral joint lines. Examination of the right knee revealed range of motion 0-130 degrees and painful patellofemoral crepitus with motion. There is positive McMurray's testing. The listed diagnoses are: 1. Moderate to severe bilateral knee derangement joint disease. 2. Right knee lateral meniscus tear. 3. Bilateral shoulder subacromial bursitis. 4. Cervical strain. 5. Lumbar strain. After discussing risks and benefits, the treating physician proceeded with the third set of bilateral knee intraarticular Orthovisc injection. Treatment plan included follow-up in three weeks and urine toxicologies for ongoing pain management assessment. This is a prospective request for Tramadol ER 150 mg #60. Treatment reports from 10/25/2013 through 10/30/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Tramadol ER 150MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

Decision rationale: Review of the medical file indicates the injured worker has been utilizing tramadol since at least 07/16/2014. Progress report dated 08/12/2014 notes current pain levels and indicates the injured worker is able to maintain activities of daily living including light household duties, shopping for groceries, grooming, and cooking. Without medication, "ADLs were in jeopardy." Injured worker states she has frequent inability to adhere to recommended exercise regimen without medication due to increase in pain. The injured worker reports, in the past, she required up to 5 hydrocodone but with tramadol ER, she is consuming no greater than 2 to 3 hydrocodone's per day for breakthrough pain. It was noted that tramadol does decrease somatic pain of average of 4 to 5 points on a scale of 10. There are no side effects with consumption of Tramadol ER at current dosage. Multiple urine drug screens were provided in 2014 which were consistent with the medications prescribed. In this case, the treating physician has provided adequate documentation for opiate management including discussions of specific functional improvement with and without medications. It was also noted the injured worker has a decrease in 4 points on the pain scale. Multiple urine drug screens were administered throughout the years which were consistent with the medications prescribed and there are no noted side effects. This request for Tramadol is medically necessary.