

Case Number:	CM14-0203698		
Date Assigned:	12/16/2014	Date of Injury:	02/12/2012
Decision Date:	02/04/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/05/2014

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 Practice and is licensed to practice in Florida. 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 adult male with a date of injury of 02/12/2012. He sustained an injury to his right knee while performing installation services at a customer's house. The injury is described as having stepped over a small retaining wall and onto an unstable step using his right leg, and then having felt his right knee twist hard. He has previously had x-rays and an MRI scan performed. He had a right knee lateral release surgery performed on 12/21/2012. He has also previously been treated with injections, therapy, and medications. He had a repeat MRI scan on 9/19/2013 showing chondromalacia of the patella and subchondral erosions. Per the most recent office notes provided, he begun to have back pain in the summer of 2014 as well. The most recent physical exam noted provided is from 7/16/2014 and notes tenderness to palpation over the posterior knee. A McMurray's test was negative, and no evidence of joint effusion was noted on his knee exam. His back exam showed lumbar facet loading and a straight leg raise test to be positive on the right side. The ankle jerk and patellar jerk reflexes were noted to be on both sides. Lumbar flexion was restricted by pain to 60 degrees and extension to 10 degrees. A utilization review physician did not certify a request for this patient's Tramadol medication, citing as his reasoning that there was no documentation provided of the 4 a's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors.) Therefore, an Independent Medical Review was requested to determine the medical necessity of the medication Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride tablets 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement or of decreased pain presented in the provided documentation. Therefore, this request for Tramadol is considered not medically necessary.