MAXIMUS Federal Services

Case Number:	CM14-0033905		
Date Assigned:	06/20/2014	Date of Injury:	06/01/2010
Decision Date:	04/07/2015	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/18/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female, who sustained an industrial injury on June 1, 2010. She has reported injury to the left knee from helping a co-worker push a stalled company car to the side of the road, per the UR report. The diagnoses have included left knee chondromalacia patella, left knee arthralgia, status post left knee arthroscopic surgery on October 22, 2010, and left knee degenerative joint disease. Treatment to date has included home exercise program, bracing, cortisone injection, Orthovisc injections, and medications. Currently, the injured worker complains of left knee pain. The Primary Treating Physician's report dated February 11, 2014, noted the injured worker in for her second left knee Orthovisc injection in a series of three injections scheduled. Left knee examination was noted to show positive painful patellofemoral crepitus and tenderness to palpation over the medial and lateral joint lines with range of motion (ROM) limited by pain and stiffness. An x-ray of the left knee done September 12, 2013, was noted to show moderate to severe degenerative joint disease. On February 20, 2014, Utilization Review non-certified Tramadol HCL capsule 150mg QTY: 30, noting that the treating physician's documentation did not establish the medical necessity for the request, therefore the request was modified to approve Tramadol HCL capsule 150mg QTY: 15. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On March 18, 2014, the injured worker submitted an application for IMR for review of Tramadol HCL capsule 150mg QTY: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Capsule 150mg QTY: 30: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her left knee. The request is for TRAMADOL HCL CAPSULE 150MG #30. The patient is currently taking Tramadol, Norco and Terocin. The patient has been utilizing Tramadol since at least 08/19/13. The 02/05/14 progress report states that "these medications have decreased her pain and allow her to walk further. She denies any side effects from these medications." The 11/19/13 progress report states that "these medications have decreased her pain from 8/10 to 5/10 and did allow her to walk further." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's; analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treater documents analgesia and side effects. For ADL's, the treater states "walk[s] further." However, aberrant behavior is not discussed. Urine drug screen is not mentioned. No other specific ADL's are mentioned to show significant functional improvement. No outcome measures are provided either as required by MTUS Guidelines. The treater does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the request IS NOT medically necessary.