

Case Number:	CM15-0009849		
Date Assigned:	01/27/2015	Date of Injury:	07/19/2012
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 54 year old female, who sustained a work related injury, July 19, 2012. The injured workers chief complaint was pain in the lumbosacral and coccygeal pain, left posterolateral hip pain that radiates down the lateral side of the thigh down to the lateral bend insertion and left knee pain. The injured worker was diagnosed with osteoarthritis of the left knee, left hip pain was likely either due to sacroiliac joint dysfunction and/or possible referred lumbar radiculopathy and L4-L5 degenerative disc disease with spur formation. The injured worker was treated in a total left knee replacement for end stage osteoarthritis, July 8, 2014; postoperative physical therapy for the left knee, Tramadol for pain, home exercises for the lumbar and left lower extremity and ice. On November 21, 2014, the primary treating physician requested authorization for prescription for Tramadol 50mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, quantity: 40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than two years status post work-related injury. She underwent a left total knee replacement in July 2014 and continues to be treated for chronic left lower extremity pain. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking following her knee surgery. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol was medically necessary.