

Case Number:	CM15-0109075		
Date Assigned:	06/15/2015	Date of Injury:	11/27/2009
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California

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 58 year old male who sustained an industrial injury on 11/27/09. Initial complaints and diagnoses are not available. Treatments to date include medications, left knee replacement, and Orthovisc injections to the right knee. Diagnostic studies are not addressed. Current complaints include right knee pain. Current diagnoses include right knee osteoarthritis, right knee degenerative disease, and right iliotibialband tendonitis. In a progress note dated 03/23/15 the treating provider reports the plan of care as ice, Aleve, Tylenol, a kenalog injection on the date of service, and Keflex for procedural prophylaxis. The requested treatments includes Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg qty: 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol along with NSAIDs for an unknown length of time. Pain scores were not noted in response to the medication. In addition, future pain response cannot be determined to provide 2 additional refills. Therefore the request for Tramadol with 2 refills is not medically necessary.