

Case Number:	CM15-0015565		
Date Assigned:	02/03/2015	Date of Injury:	06/16/2008
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania, Ohio, 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:

This patient's diagnosis is internal derangement of the knee. The patient has been noted to have persistent knee pain despite right knee arthroscopic surgery and with the development of saphenous neuralgia with significant allodynia. As of 12/19/14 the treating physician reports that the patient continued with symptoms of neuralgia, neuritis, radiculitis, and internal derangement of the knee. He continued with multiple medications including NSAID, neuropathic, and opioid management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Of Tramadol 50 Mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Osteoarthritis and Opioids/Ongoing Management Page(s): 83, 78.

Decision rationale: MTUS recommends Tramadol as a first-line weak opioid when non-opioid management is not sufficient to manage pain. An initial physician review concluded that

tramadol is indicated only for short-term use due to the risk of addiction and other serious side effects. However, MTUS specifically recommends tramadol as an initial weak opioid which thus has limited risks of side effects or addiction. Given the detailed documentation in this case of the multifactorial etiology of pain and functional goals/benefits of tramadol, the 4 As of opioid use have been met. This request is medically necessary.