

Case Number:	CM15-0137750		
Date Assigned:	07/27/2015	Date of Injury:	04/25/2006
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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: New Jersey

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 71-year-old female injured worker suffered an industrial injury on 4/25/2006. The diagnoses included internal derangement of the right knee with arthroscopy and lumbar spine surgery. The diagnostics included right knee magnetic resonance imaging. The treatment included right knee arthroscopy and medications. On 6/4/2015, the treating provider reported pain in the right shoulder and neck as well as the low back with numbness down the left thigh. She reported aching in the right knee traveling into the calf. The pain was rated 7/10 at rest and 9/10 with activity. She indicated improvement in activities of daily living. The right knee was sore and tender. The injured worker had not returned to work. The requested treatments included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96 Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Although the notes in the case of this worker revealed a recent use of Tramadol and Voltaren gel for her chronic pain led to "pain relief," "improvement with activities," and "no adverse side effects." However, this report was not sufficient as it was not presented in a measurable format such as pain levels and functional levels with compared to without the use of the Tramadol, independent of the Voltaren gel as well to show clear evidence of significant benefit. In addition, it is not clear which other medications and non-medical treatments were attempted prior to the addition of Tramadol and their outcomes to justify the Tramadol addition. Therefore, without this information present in the documentation for review, the Tramadol at this time will be not medically necessary.