

Case Number:	CM15-0138510		
Date Assigned:	07/28/2015	Date of Injury:	05/05/2014
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 is a 44 year old male, who sustained an industrial injury on May 5, 2014. He reported right knee pain and swelling. The injured worker was diagnosed as having right tibial plateau fracture. Treatment to date has included x-ray, MRI, physical therapy, assistive device (cane and crutches), right knee injection, medication and home exercise program. Currently, the injured worker complains of constant, sharp right knee pain with swelling. He experiences increased pain with weight bearing and uses a cane for stability. The pain is rated at 9 on 10 without medication and 2-3 on 10 with medication. He reports difficulty with prolonged standing, walking, stooping, lifting, pushing, pulling, stair climbing, kneeling and bending. He also reports difficulty with sleep. The injured worker is diagnosed with right tibial plateau fracture, right knee osteoarthritis and chronic MCL sprain. His current work status is return to work with modifications; however he is not currently working. A physical therapy note dated July 10, 2014 states the injured worker is improving with therapy. A note dated March 12, 2015 states the injured worker experienced 80% pain relief from the knee injection. A note dated May 26, 2015 states the injured worker is experiencing improved function with his medication regimen. A note dated June 25, 2015 states the injured worker experiences an increase in pain without his pain medication and experiences 70% relief in pain with them. Due to the continued pain a prescription for Tramadol 50 mg #90 with 2 refills is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Tramadol 50mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Progress report dated 3/26/15 states that the injured worker experiences improved function with his medication. A note dated 6/25/15 states that he experiences an increase in pain without his pain medication and experiences 70% relief in pain with them. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. With regard to medication history, the records indicate that the injured worker has been using this medication since at least 5/2015. The request is for 3 month supply does not allow for timely reassessment of medication efficacy. Furthermore, per the ODG guidelines, urine drug screen should take place within 6 months of initiation of opiate therapy. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.