

Case Number:	CM15-0139590		
Date Assigned:	07/29/2015	Date of Injury:	04/06/2014
Decision Date:	08/27/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 38 year old female, who sustained an industrial injury on 04/06/2014. She has reported injury to the right knee. The diagnoses have included internal derangement, right knee; right knee patellar tendinitis; and status post right knee arthroscopy, on 12/22/2014. Treatment to date has included medications, diagnostics, ice, heat, home exercise program, physical therapy, and surgical intervention. Medications have included Hydrocodone, Tramadol, Naproxen Sodium, Cyclobenzaprine, and Pantoprazole. A progress report from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. The injured worker reported right knee pain, indicated at six out of ten; recent physical therapy facilitates diminution in need for pain medication, however, pain at patellar tendon with swelling remains unchanged; this does limit activity and function; recalls refractory nature of patellar tendinitis to physical therapy, home exercise, non-steroidal anti-inflammatory drugs, and ice; low back pain, indicated at three out of ten; medication does facilitate maintenance of activities of daily living, maintenance of healthy activity level, and favorable, significant objective improvement including greater activity level and greater function; she recalls at times consuming up to five Hydrocodone prior to Tramadol ER, however, now consumes Hydrocodone no greater than 2-3 per day for breakthrough pain only; and the Tramadol at 300mg per day does decrease somatic pain on average of 4-5 points on a scale of 10. Objective findings included no signs of infection at the right knee; arthroscopic portals are healing well; right knee range of motion is zero degrees to one hundred degrees; and there is spasm of the right calf musculature. The treatment plan has

included the retrospective request for Tramadol ER 150mg, quantity: 60, date of service 06/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol ER 150mg, quantity: 60, date of service 6/15/15:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 38 year old female with an injury on 04/06/2014. She had a right knee injury and had a right knee arthroscopy. She continues to have patella tendinitis and right calf muscle spasm. Tramadol is an opioid. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Tramadol is not medically necessary.