

Case Number:	CM15-0141864		
Date Assigned:	07/31/2015	Date of Injury:	01/20/2014
Decision Date:	08/28/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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:

This is a 45 year old male with a January 20, 2014 date of injury. A progress note dated July 2, 2015 documents subjective complaints (bilateral knee pain, right greater than left), objective findings (antalgic gait; normal muscle tone and strength without atrophy in all extremities; right knee joint line tenderness and medial collateral ligament laxity), and current diagnoses (pain in joint, lower leg; pain, psychogenic, not otherwise specified). Treatments to date have included left knee arthroscopy, medications, magnetic resonance imaging of the left knee (June 20, 2014; showed complex tearing of the body segment-posterior horn of the medial meniscus; areas of low to moderate grade cartilage loss at the medial femorotibial compartment), and magnetic resonance imaging of the right knee (February 13, 2015; showed medial and lateral meniscus tears; tricompartmental cartilage abnormalities; anterior cruciate ligament degeneration with possible partial thickness tear component). The treating physician documented a plan of care that included Tramadol 50 milligrams #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 60 Tramadol 50mg (DOS 7/2/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

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 was on Buprenorphine prior. No one opioid is superior to another. There was no mention of NSAID or Tylenol failure. Controlled substance agreement along with change in intervention was not noted. The request for Tramadol is not medically necessary.