

Case Number:	CM15-0143961		
Date Assigned:	08/04/2015	Date of Injury:	06/01/2012
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/24/2015

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 injured worker is a 67 year old female who reported an industrial injury on 6-1-2012. Her diagnoses, and or impression, were noted to include: left knee osteoarthritis; left knee "TKA" 2-14-2013; left knee "TKA" revision 3-26-2015; and left medial hamstring-adductor myositis-tendonitis. Recent x-ray studies of the left knee were done on 3-26-2015. Her treatments were noted to include: left knee arthroscopy with meniscectomies and chondroplasty on 6-12-2012, left knee "TKA" on 2-14-2013, and total left knee arthroplasty on 3-26-2015; physical therapy; medication management, and rest from work as she is now noted to be retired. The progress notes of 5-15-2015 reported a follow-up evaluation for anterior left knee pain that was mild-moderate on Tramadol and Mobic. Objective findings were noted to include: a well-healed left knee incision; mild effusion, mild diffuse "STS", and "TTP" of distal hamstrings. The physician's requests for treatments were noted to include the continuation of Tramadol as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg every 6 hours as needed Qty 120: Upheld

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

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 Tramadol for over 6 months in combination with Mobic (NSAID). Long-term use is not indicated and pain reduction scores attributed to either medication alone is unknown. There is no mention of Tylenol failure. The continued and chronic use of Tramadol use is not medically necessary.