

Case Number:	CM15-0147877		
Date Assigned:	08/12/2015	Date of Injury:	09/13/1996
Decision Date:	09/10/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 76 year old female, who sustained an industrial injury on 9-13-96 Initial complaints were not reviewed. The injured worker was diagnosed as having osteoarthritis bilateral knees; status post bilateral knee replacements; bilateral carpal tunnel syndrome; lumbar radiculopathy. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 4-9-15 indicated the injured worker was seen as a follow-up evaluation. The provider documents she has had previous partial right knee arthroplasty which was revised to a total knee arthroplasty and subsequently a left total knee arthroplasty which is fine but the right knee continues to be problematic. She uses her hands to support herself considerably and has developed compromising carpometacarpal arthritis bilaterally in addition to carpal tunnel syndrome bilaterally. She has had a right carpal tunnel release but not the left. The injured worker reports more cracking in the right knee when she changes positions or bends. It swells occasionally, but has not been hot and there has never been any drainage. X-rays from the orthopedist are unremarkable. The provider documents her situation is complicated more so because she is blind and short in stature and obese. He notes there is a considerable amount of mechanical trauma to the knees and her back. She has lumbar radiculopathy has had lumbar surgery. The provider notes he administered an injection to her left CMC with DepoMedrol and lidocaine. The provider is requesting authorization of Tramadol 50mg (DOS 4/9/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg (DOS 4/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in September 1996 and is being treated for pain from osteoarthritis. Treatments have included bilateral total knee replacements. She has osteoarthritis also affecting her hands. When seen, there were findings of first CMC degenerative joint disease. There was full knee range of motion. Medications included tramadol at a total MED (morphine equivalent dose) of up to 20 mg per day. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing at this dose was not medically necessary.