

Case Number:	CM15-0160802		
Date Assigned:	08/27/2015	Date of Injury:	02/28/2011
Decision Date:	09/29/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old female, who sustained an industrial injury on February 28, 2011. She reported injury to her right knee. The injured worker was diagnosed as having chronic pain syndrome, reflex sympathetic dystrophy of lower extremity, knee pain and fracture of patella. Treatment to date has included diagnostic studies, lumbar sympathetic nerve blocks, physical therapy, injections, cane, medications, knee immobilizer and work restrictions. On July 17, 2015, the injured worker was reported to have a recent flare up of knee pain. Physical examination revealed localized tenderness and sensitivity around the right knee. A recent repeat lumbar sympathetic nerve block was unable to contain the flare up. Physical therapy was noted to be helping stabilize her recent flare up and helping with function of daily activities. The injured worker was reported to be using Hydrocodone medication more regularly. The treatment plan included a transition to Tramadol medication as an alternative. A request was made for Tramadol 50mg with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list, Tramadol; Opioids,

criteria for use, Therapeutic Trial of Opioids; Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids, dosing; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute onset and flare-up of pain with physical therapy noted to have helped to stabilize the recent flare. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have functional benefit in light of the acute flare-up; however, further future treatment of additional 2 refills beyond the acute period of flare is not supported without documented functional benefit. The Tramadol 50mg with 2 refills is not medically necessary and appropriate.