

Case Number:	CM15-0161444		
Date Assigned:	08/27/2015	Date of Injury:	05/06/2008
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
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 5-6-08. Diagnoses are patellofemoral pain syndrome and sprain of knee and leg. In the most recent progress report made available, dated 1-15-15, the primary treating physician notes intermittent left anterior knee pain associated with occasional moderate swelling. Continued improvement is noted with Diclofenac and because the medication changes her mood, she only takes it at night. She uses Tramadol nightly. The left knee has 0-110 degrees of motion. There is mild generalized tenderness. Lachman sign is negative. The assessment is chronic bilateral anterior knee pain syndrome. She can continue low impact activities as tolerated. Previous treatment includes medication, arthroscopy 2008, a patellar stabilizing brace, and steroid injection. Work status is full duty. The requested treatment is Tramadol HCL 50mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 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 continued chronic symptoms, but is able to be functional and work. 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; however, the patient has persistent significant pain despite ongoing opioids without deterioration from denied treatment request. From the submitted reports, there are no red-flag conditions, new injury, or indication that an attempt to taper or wean from the long-term use of the opiate has been trialed for this chronic 2008 injury. The Tramadol HCL 50mg #60 with one refill is not medically necessary or appropriate.