

Case Number:	CM15-0164771		
Date Assigned:	09/02/2015	Date of Injury:	10/21/2004
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58 year old female, who sustained an industrial injury on 10-21-04. The diagnoses have included right knee pain, chronic post-operative pain and other acquired deformity of the knee. Treatment to date has included medications, activity modifications, diagnostics, Cognitive Behavioral Therapy (CBT), surgery, physical therapy, and other modalities. Currently, as per the physician progress note dated 7-13-15, the injured worker complains of right knee pain that is constant. She reports that that pain medications relieve the pain. She state that without the medications the pain level is rated 9 out of 10 on the pain scale and with medication, the pain decreases to 4 out of 10. The injured worker also reports that with the medication she is able to walk 2-3 blocks daily. The current medications included Norco, Tramadol and Omeprazole. The urine drug screen dated 7-13-15 was consistent with the medications prescribed. The objective findings-physical exam reveals diffuse tenderness to palpation of the right knee, decreased range of motion of the right knee to -5 degrees to 95 degrees, positive left knee provocative maneuvers, antalgic gait on the right and she walks with a cane. The physician notes that the injured worker is to continue with medications. The physician requested treatment included Tramadol 50 MG quantity of 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol (Ultram) Page(s): 82.

Decision rationale: Tramadol 50 MG Qty 180 is not medically necessary per the MTUS Guidelines. The MTUS states that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The documentation indicates that the patient has not failed first line opioids such as Percocet and there is no evidence that the patient requires a second short acting narcotic therefore this request is not medically necessary.