

Case Number:	CM15-0182539		
Date Assigned:	09/23/2015	Date of Injury:	01/20/2014
Decision Date:	10/28/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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 45 year old male, who sustained an industrial-work injury on 1-20-14. He reported initial complaints of right knee pain. The injured worker was diagnosed as having pain in joint, lower leg and psychogenic pain. Treatment to date has included medication, surgery (right knee on 8-14-15), and diagnostics. Currently, the injured worker complains of bilateral knee pain and lower back pain that had radiated to the calf and right thigh. Crutches were used for ambulation. Medications include Lidoderm 5% patch, Tramadol 50 mg, and Duloxetine-Cymbalta. Per the primary physician's progress report (PR-2) on 8-27-15, exam noted flat, worried affect, antalgic gait, muscle strength 5 out of 5, right knee is positive for effusion, healing arthroscopic surgical incision, no signs of infection. Current plan of care includes medication for pain management. The Request for Authorization requested service to include Tramadol 50mg #60. The Utilization Review on 9-4-15 modified the request to Tramadol 50 mg #30 for post-surgical pain, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Knee Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in January 2014 when he had knee pain after stepping out of his truck. He underwent an arthroscopic medial and lateral meniscectomy with three compartment chondroplasty on 08/14/15. He had the same surgery in October 2014 on the left side with benefit. He was seen two weeks after surgery. He was now only taking tramadol for post-operative pain. He had previously been taking tramadol and buprenorphine. He was having difficulty swallowing and was having pain radiating into the calf and right thigh. He was using crutches. Physical examination findings included a right knee effusion but were otherwise unremarkable. His tramadol was refilled unchanged. The assessment referenced continued follow-up for elevated liver enzymes with lab testing in April 2015 showing elevation in ALT with mild elevation in AST suggesting non-alcoholic liver disease. 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 currently providing decreased pain through documentation of VAS pain scores or an increased level of function or improved quality of life. Liver enzyme elevations are present which may represent a medication side effect. Continued prescribing is not considered medically necessary.