

Case Number:	CM15-0183057		
Date Assigned:	09/23/2015	Date of Injury:	09/24/2014
Decision Date:	10/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on September 24, 2014. Medical records indicate that the injured worker is undergoing treatment for a left medial meniscus tear, patellar chondromalacia and knee synovitis. The injured worker was released to work on 8-22-15 with restrictions. The injured workers current work status was not identified. On 8-25-15 the injured worker complained of persistent left knee pain rated 5-6 out of 10 on the visual analogue scale. The injured worker noted that if he walked for 5 minutes the pain increased to 8-9 out of 10 and the knee swelled significantly. The injured worker also noted axial low back pain which is better with rest and medication. Examination of the left knee revealed positive joint line tenderness and medial collateral ligament laxity. A subsequent progress report dated 8-21-15 notes the injured workers pain level to be 4 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, psychological testing, urine drug screen, physical therapy and a left knee arthroscopy. Current medications include Gabapentin, Naproxen and Capsaicin cream. Current requested treatments include Tramadol-Acetaminophen 37.5-325 mg # 90 as needed. The Utilization Review documentation dated non-certified the request for Tramadol-Acetaminophen 37.5-325 mg # 90 as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant's pain was not well controlled with NSAIDS. Pain scores worsened with ambulatory while on NSAIDS. The use of Tramadol with Tylenol (Ultram) is appropriate and medically necessary to allow for improved function.