

Case Number:	CM15-0187597		
Date Assigned:	09/29/2015	Date of Injury:	11/01/2010
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, 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 52 year old female, who sustained an industrial injury on 11-01-2010. She has reported injury to the bilateral knees. The diagnoses have included bilateral chondromalacia patellae; right knee internal derangement; Baker's cyst, left knee; and status post arthroscopic repair of the right knee, in 2011 and 2012. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Vicodin, Naprosyn, Terocin, Neurontin, Wellbutrin, and Trazodone. A progress report from the treating physician, dated 08-11-2015, documented a follow-up visit with the injured worker. The injured worker reported that the pain in her left knee is rated at 6 out of 10 in intensity; it is throbbing and it radiates; the pain relief after the last injection lasted about a week and then wore off; and she is being seen today for her second visco injection into the left knee. Objective findings included she is in no acute distress. The provider noted that the injured worker had her second visco injection into the left knee and tolerated the procedure well; that optimal benefit will not be obtained until after the third injection; and that she is precluded from climbing, kneeling, or squatting and walking on uneven surfaces. The treatment plan has included the request for Tramadol 50mg #60 with 2 refills. The original utilization review, dated 08-26-2015, non-certified the request for Tramadol 50mg #60 with 2 refills. Per the note dated 9/21/15 the patient had complaints of left knee pain at 5/10. The physical examination on 5/6/15 revealed positive patellar grinding test bilaterally and positive McMurray test on right knee. The patient has had history of anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Request Tramadol 50mg #60 with 2 refills, Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The diagnoses have included bilateral chondromalacia patellae; right knee internal derangement; Baker's cyst, left knee; and status post arthroscopic repair of the right knee, in 2011 and 2012. A progress report from the treating physician, dated 08-11-2015, documented pain in her left knee is rated at 6 out of 10 in intensity; it is throbbing and it radiates. Per the note dated 9/21/15, the patient had complaints of left knee pain at 5/10. The physical examination on 5/6/15 revealed positive patellar grinding test bilaterally and positive McMurray test on right knee. Therefore, there are significant abnormal objective findings. The patient has had a history of anxiety and depression. Patient is already taking non opioid medications including a NSAID and Gabapentin. There is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg #60 with 2 refills is deemed as medically appropriate and necessary.