

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0195555 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 02/21/2007 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 73-year-old male who sustained an industrial injury on 2-21-2007. Diagnoses have included internal derangement of the left and right knees, and impingement syndrome and labral tear of the bilateral shoulders. Diagnostic standing x-ray of bilateral knees taken 8-6-2015 are referenced as showing chondrocalcinosis, patellar spurring, and loss of articular surface. Documented treatment includes left shoulder decompression, modified Mumford procedure and labral tear 11-2012; heat and cold wrap for the knees; 5 Hyalgan injections to the right knee as of 9-14-2015; and, as of the most recent note provided, he had been approved for a TENS unit and unloading brace. Medications were prescribed 9-14-2015 "for the next visit" including Naproxen, Protonix, and Tramadol ER noted for pain. There was no pain rating or characterization of pain in the note. The provided medical records do not indicate if there were previous dates of use of these medications or response to treatment. On 9-14-2015 the injured worker presented with right knee swelling, and was noted to be walking with a limp. Prior note of 7-14-2015 also noted tenderness along the medial and lateral joint line of the knee with positive McMurray's medially. The treating physician's plan of care includes Tramadol ER #30, which was non-certified on 9-22-2015. The injured worker has not worked since 2007 and has retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids.

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

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated.