

Case Number:	CM15-0197876		
Date Assigned:	10/13/2015	Date of Injury:	05/16/2013
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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 48 year old male, who sustained an industrial injury on 5-16-2013. The medical records indicate that the injured worker is undergoing treatment for internal derangement of the left knee and patellofemoral chondromalacia of the left knee. According to the progress report dated 8-26-2015, the injured worker presented with complaints of left knee pain. He reports no change. On a subjective pain scale, he rates his pain 7 out of 10. On 7-1-2015, he rated his pain 6-7 out of 10. The physical examination of the left knee reveals antalgic gait, tenderness over the medial joint line, slight swelling, and unrestricted knee motion. The current medications are Voltaren gel and Tramadol (since at least 2014). Previous diagnostic studies include x-rays and MRI of the left knee. Treatments to date include medication management, physical therapy, and steroid injection. Work status is described as modified duty. The original utilization review (9-14-2015) partially approved a request for Tramadol #15 (original request was for #30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

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

Decision rationale: The claimant sustained a work injury in May 2013 when he was exiting a truck when he slipped and fell hitting his left knee on the stairs. He sustained an osteochondral injury. In February 2015, tramadol 50 mg two times per day was being prescribed. With medications he had pain rated at 4-5/10. In August 2015, he had pain rated at 7/10. He had not received medications and had difficulty performing activities of daily living. Physical examination findings included an antalgic gait with use of a cane. There was bilateral lumbar tenderness with spasms with normal range of motion. There was slight medial left knee tenderness with full range of motion. Extended release tramadol was prescribed at 150 mg per day. The MED (morphine equivalent dose) was increased from 10 mg to 30 mg per day. The medication is described as a non-steroidal anti-inflammatory medication being used for inflammation. The date of the RFA and medication being requested were incorrectly transcribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain and tramadol at a lower MED had provided partial pain relief. Without medications the claimant's VAS scores were increased by 2-3 points which is considered clinically significant. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Although the requesting provider incorrectly classifies this as a non-steroidal anti-inflammatory medication, prescribing is medically necessary.