

Case Number:	CM15-0198976		
Date Assigned:	10/14/2015	Date of Injury:	09/20/2013
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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 60 year old male, who sustained an industrial injury on 9-20-13. The documentation on 9-14-15 noted that the injured worker has complaints of several complaints with his biggest in his left leg and feels most of the pain starts in the left knee. Left knee has a small effusion. The documentation noted that with straight leg raising sign on that side most of the injured workers pain was in the low back and left knee and the pain did not radiate down the leg. The documentation noted that the injured worker does not wish to consider any type of injection or surgery. The diagnoses have included cervicothoracic strain, arthrosis and discopathy with central and foraminal stenosis; left elbow lateral epicondylitis; left wrist ulnar sided pain; lumbosacral strain, arthrosis and discopathy with central and foraminal stenosis; bilateral knee strain and arthrosis with medial meniscal tears and bilateral feet sprain and strain. Treatment to date has included motrin; ibuprofen cream; home exercise program and physical therapy. Left knee magnetic resonance imaging (MRI) on 3-18-15 revealed large oblique tear of the posterior horn and body of the medial meniscus communicating to the inferior articular surface extending to the inner free edge, in addition there is a radial component of the inner free edge of the body; grade 2 signal alteration in the posterior horn and body of the lateral meniscus without tear; mild degenerative changes and cartilage loss in the medial compartment and large joint effusion. Cervical spine magnetic resonance imaging (MRI) on 3-18-15 revealed multilevel disc degenerative disease of the cervical spine and the findings are most prominent at C6-C7 with moderate bilateral neural foramen stenosis and moderate to severe central canal stenosis. Right knee magnetic resonance imaging (MRI) on 3-18-15 revealed oblique tear of the posterior

horn and body of the medial meniscus which communicates the inferior articular surface in the inner third adjacent to the inner free edge; mild degenerative changes and cartilage loss in the medial compartment and small joint effusion. The original utilization review (9-25-15) non-certified the request for tramadol-acetaminophen 37.5-325mg #60.

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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

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/APAP to justify use. The medical necessity of tramadol is not substantiated. Therefore, the requested treatment is not medically necessary.