MAXIMUS Federal Services

Case Number:	CM15-0202252		
Date Assigned:	10/19/2015	Date of Injury:	02/09/2011
Decision Date:	11/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 48 year old male sustained an industrial injury on 2-9-11. Documentation indicated that the injured worker was receiving treatment for lumbar disc degeneration and right knee degenerative joint disease. Previous treatment included right knee arthroscopy with partial meniscectomy (2011), right knee arthroscopy with chondroplasty and medial femoral condyle (1-19-15), physical therapy, injections, bracing and medications. In an orthopedic PR-2 dated 4-29-15, the injured worker complained of right knee and low back pain, rated 7 to 8 out of 10 without medications and 5 out of 10 with medications. Physical exam was remarkable for palpable tenderness over the right knee joint lines with range of motion: 0 to -10 degrees and moderate varus instability. The physician documented that computed tomography arthrogram of the right knee contained findings suggestive of a re-tear of the medial meniscus and interval progression of the medial femoral condyle osteochondral injury. Current medications included Remeron, Anaprox, Tramadol and Omeprazole. The physician stated that if the injured worker's symptoms did not improve, treatment options included Synvisc injection and total knee replacement. In PR-2's dated 6-10-15, 7-23-15 and 8-5-15, the injured worker complained of pain rated 7 to 9 out of 10 without medications and 5 to 7 with medications. Tramadol was continued. In an orthopedic PR-2 dated 9-17-15, the injured worker despite ongoing right knee pain that failed to improve despite "extensive" conservative care. The injured worker reported that a Synvisc injection in August provided no significant relief to his right knee pain. The injured worker complained of right knee and low back pain, rated 7 to 8 out of 10 without medications and 5 out of 10 with medications. Physical exam was remarkable for right knee

without tenderness to palpation, crepitation of the patella and pain upon range of motion 0 to -15 degrees. The injured worker walked with an antalgic gait, favoring the left lower extremity and wore a right knee hinged brace. The treatment plan included proceeding with chiropractic therapy for the lumbar spine and a refill of Tramadol. On 10-8-15, Utilization Review modified a request for Tramadol HCL 50mg #90 to Tramadol HCL 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol HCl 50 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are L5 - S1 disc degeneration; right knee internal derangement/degenerative joint disease; status post right knee arthroscopy with partial meniscectomy without improvement, 2011; and status post right knee arthroscopy with chondroplasty and medial femoral condyle January 19, 2015. Date of injury is February 9, 2011. Request for authorization is October 1, 2015. According to a progress note dated April 29, 2015, the treating provider prescribed tramadol 50 mg at bedtime (not necessarily the start date). Pain score was 5/10. According to a September 17, 2015 progress note, subjective complaints include low back pain, primarily on the left and right knee pain. Pain score is 5/10 with medications. Objectively, the injured worker has an antalgic gait and wears a right knee brace. There is no knee tenderness documented in the record. There is no lumbar spine examination. There is no neurologic evaluation. There is no documentation demonstrating objective functional improvement. There are no detailed pain assessments or risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no documentation showing an attempt to wean tramadol, tramadol HCl 50 mg #90 is not medically necessary.