

Case Number:	CM15-0204452		
Date Assigned:	10/21/2015	Date of Injury:	08/28/1996
Decision Date:	12/07/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 63 year old female, who sustained an industrial injury on 8-28-1996. The injured worker (IW) is being treated for knee osteoarthritis status post total knee arthroplasty, and chronic prescription opioid use. Treatment to date has included surgical intervention of the bilateral knees and medication management. Per the Primary Treating Physician's Progress Report dated 8-25-2015, the injured worker reported right knee pain. She rated her bilateral knee pain as 6-7 out of 10 with medication and 8 out of 10 without medication. She reported disturbed sleep for 5-6 hours per night and the duration of the effect of the medications was 2-3 hours. She has signed a pain medication agreement and agrees to opioid monitoring. Objective findings included an abnormal gait. Range of motion was 110 degrees flexion left and right knee and 0 degrees extension left and right knee. There was palpable tenderness at the medial joint line and lateral joint line on the right with no valgus or varus laxity. Per the medical records dated 7-02-2015 and 7-30-2015, her current pain was rated as 7 out of 10. The IW has been prescribed Tramadol since at least 5-26-2015. Per the medical records dated 5-26-2015 to 8-25-2015 there is no documentation of improvement in symptoms, or increase in activities of daily living attributed to the use of the current medications. She is not currently working as there is no light duty available. The plan of care included medications including Norco and Ibuprofen and urine drug screen monitoring. On 9-24-2015, Utilization Review non-certified a request for Tramadol 50mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #150: Upheld

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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of tramadol nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per the medical records, it was noted that the injured worker rated pain without medications 8/10 and 6-7 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records did not contain evidence of UDS monitoring. It was noted that a signed opiate agreement was on file. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.