

Case Number:	CM15-0215429		
Date Assigned:	11/05/2015	Date of Injury:	03/20/2002
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 20, 2002. In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced an October 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing complaints of knee pain, 8-9/10. The applicant was "mostly sedentary," the treating provider acknowledged. The applicant was "unable to exercise at all," the treating provider reported. The applicant was not working, the treating provider acknowledged. The applicant's medications included Tylenol and Celebrex. Tramadol was reportedly endorsed on a trial basis while the applicant's permanent work restrictions were renewed. On October 16, 2015, the applicant reported ongoing issues with chronic knee pain. Activities of daily living as basic as sitting, standing, walking, bending, and stooping remained problematic. The treating provider acknowledged that the applicant would remain off of work but stated that the applicant was deriving analgesia from ongoing tramadol usage, with reduction of pain scores from 9/10 without medications to 5/10 with medications. The treating provider contended that the applicant's ability to perform unspecified activities of daily living and walk unspecified distances had been ameliorated as a result of ongoing tramadol usage. Tramadol was renewed, as was the applicant's permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #50 with 1 refill: 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: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for tramadol. Tramadol was first introduced on September 16, 2015 and later renewed on the October 16, 2015 office visit at issue. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, the treating provider reported on October 16, 2015. Activities of daily living as basic as bending, standing, walking, and stooping remained problematic. While the treating provider did recount a reported reduction in pain scores effected as a result of ongoing medication consumption, these reports, were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing tramadol usage. The treating provider's commentary to the effect that the applicant's ability to perform activities of daily living in unspecified amounts and/or walk in unspecified amounts as a result of ongoing tramadol usage did not constitute evidence of substantive improvement in function achieved as a result of the same and was, moreover, outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.