

Case Number:	CM15-0219126		
Date Assigned:	11/12/2015	Date of Injury:	06/24/2008
Decision Date:	12/28/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/06/2015

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, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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 53-year-old male, who sustained an industrial injury on 6-24-2008. The injured worker is undergoing treatment for medial meniscal tear, lumbosacral sprain, lumbar herniated nucleus pulposus (HNP) and degenerative disc disease (DDD). Medical records dated 9-30-2015 indicate the injured worker complains of knee pain. He reports glucosamine helps and he is doing his regular work. Physical exam dated 9-30-2015 notes no effusion, minimal crepitus and minimally tender infrapatellar and posterior medial facet and medial joint line Treatment to date has included Relafen, glucosamine, Prilosec, Tramadol since at least 4-8-2015 and cortisone injection without benefit. The original utilization review dated 10-17-2015 indicates the request for Tramadol 37.5-325 mg #60 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5-325 MG #60: 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, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Tramadol 37.5/325 mg #60 is not medically necessary.