

Case Number:	CM15-0031074		
Date Assigned:	02/24/2015	Date of Injury:	09/23/2012
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 49-year-old [REDACTED] traffic officer who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of September 30, 2012. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced a progress note of January 6, 2015 in its determination. The applicant's attorney subsequently appealed. On June 25, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of knee and ankle pain. The applicant reported issues with gait derangement, knee swelling, limited range of motion, and giving way. The applicant was reportedly using tramadol on a p.r.n. basis for pain relief; it was suggested at that point in time. The applicant was placed off of work, on total temporary disability, via an earlier note dated May 12, 2014. The applicant's medication list was not detailed on that occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ultram ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, 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 historical progress notes on file suggested that the applicant was off of work, on total temporary disability. In those handwritten progress notes, difficult to follow, not entirely legible, the attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Ultram (tramadol) usage. Therefore, the request was not medically necessary.