

Case Number:	CM15-0036979		
Date Assigned:	03/05/2015	Date of Injury:	10/01/1997
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 56-year-old male who sustained an industrial injury on October 1, 1997. He has reported knee pain and has been diagnosed with right knee pain, status post anterior cruciate ligament repair. Treatment has included surgery, medications, and physical therapy. Currently the injured workers right knee was positive for mild crepitus and varicosities in the bilateral lower extremities. The treatment plan included tramadol, ibuprofen, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, one tablet po q6hour prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg 1 PO every six hours PRN #120 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 by the 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. In this case, the injured worker's working diagnosis is right knee pain, status post anterior cruciate ligament repair. The documentation from a July 7, 2014 progress note indicates the injured worker was taking both Norco and Tramadol. The plan was to wean the patient off Norco. A September 23, 2014 urine drug screen was performed. The injured worker declared Norco as the only medication. The UDS was positive for Tramadol. The inconsistent UDS was not discussed by the treating physician. A January 12, 2015 progress note contains subjective complaints of ongoing knee pain, however, the workers doing well with the medications. The progress note reflects the injured worker is still taking both Norco and Tramadol. There is no documentation with detailed pain assessments. There is no documentation of a risk assessment in the medical record. There is no documentation reflecting objective functional improvement associated with ongoing Tramadol. Consequently, absent clinical documentation with objective functional improvement, a risk assessment, a detailed pain assessment(s) with an inconsistent UDS, Tramadol 50 mg 1 PO every six hours PRN #120 is not medically necessary.