

Case Number:	CM15-0042375		
Date Assigned:	03/12/2015	Date of Injury:	03/15/2012
Decision Date:	04/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 3/15/2012. The diagnoses have included lumbar spine musculoligamentous strain/sprain with radiculitis, lumbar spine radiculopathy and status post left knee surgery with residuals dated 6/20/2013. Treatment to date has included physical therapy, Synvisc injection to left knee and medication. According to the Primary Treating Physician's Progress Report dated 1/28/2015, the injured worker complained of pain in the lower back and left knee. She rated her pain as 7/10 on the visual analog scale (VAS). Exam of the lumbar spine revealed tenderness to palpation over the paraspinal muscles and restricted range of motion. Straight leg raise was positive bilaterally. Exam of the left knee revealed tenderness to palpation, restricted range of motion and positive McMurray's test. The injured worker ambulated with a cane. The injured worker was prescribed Tramadol and referred for magnetic resonance imaging (MRI) of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 54 year old patient complains of lower back pain, rated at 7/10, and left knee pain, rated at 4/10, as per progress report dated 01/28/15. The request is for TRAMADOL 50 mg, # 60. The RFA for the case is dated 01/28/15, and the patient's date of injury is 03/15/12. Diagnoses, as per progress report dated 01/28/15, included lumbar spine musculoligamentous sprain/strain with radiculitis, lumbar spine radiculopathy, r/o left knee derangement, and depression. The patient is status post left knee surgery on 06/20/13. The patient is temporarily totally disabled, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Tramadol is noted in both the progress reports available for review. The treating physician, however, does not document reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to Tramadol use. No UDS or CURES reports are available for review and the treater does not list the side effects associated with Tramadol in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.