

Case Number:	CM15-0047078		
Date Assigned:	03/19/2015	Date of Injury:	08/24/2013
Decision Date:	04/24/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/12/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 male, who sustained an industrial injury to his knee on 8/24/13 after loading a helicopter on to the back of a truck. The diagnoses have included left knee strain and instability and left knee Degenerative Joint Disease (DJD). Treatment to date has included medications, physical therapy, conservative measures, and steroid injections. Currently, as per the physician progress note dated 10/16/14, the injured worker stated that since the steroid injection on 8/27/14 the left knee pain has decreased. He complains of continued clicking left knee and occasional instability which has slightly improved with physical therapy. The physician's exam revealed left knee crepitus on extension and flexion, positive patellar grind and the gait favors the right lower extremity. The current medication he was taking was Voltaren. The Treatment Plan included Magnetic Resonance Imaging (MRI) left knee, continue physical therapy and follow up in 4 weeks. The Magnetic Resonance Imaging (MRI) was done of the left knee on 10/18/13 which revealed no meniscal tear or osteoarthritis. The physician's requested treatment was Tramadol 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported. Therefore the request is not medically necessary.