

Case Number:	CM15-0047814		
Date Assigned:	03/19/2015	Date of Injury:	06/16/2008
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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 59 year old male with an industrial injury dated 06/16/2008. His diagnoses include internal derangement of knee, neuralgia, neuritis and radiculitis. He is being treated with medications and walks with a cane. In progress note dated 02/10/2015 he is complaining of right knee pain. The treating physician notes the injured worker described his ability to walk and clean his garage have been limited due to the inability to have tramadol twice daily. The treating physician noted the injured worker is best managed using medical palliation while awaiting a decision regarding more definitive surgery. The physician requested Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with bilateral knee pain. The request is for TRAMADOL 50MG #60. The diagnoses per RFA dated 12/31/14 included internal derangement of knee, neuralgia, neuritis and radiculitis. Treater states on 12/19/14, "The patient utilizes a single-point cane in his left hand to be able to manage his right knee pain." Current medications include Tramadol, Meloxicam, Neurontin and Norco. The patient is permanent and stationary and is not working, per 02/10/15 report. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. 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. Per provided medical records, the patient has been prescribed Tramadol at least since 03/17/14. Per 12/19/14 report treater states, "Given the patient's reports of increased activity and improved analgesia, no adverse side effect and no aberrant drug-related behavior I continue to refill the prescriptions." Per 02/10/15 report, "the patient's walking and ability to clean his garage have been limited. The medication allows the patient to maintain his independence in his functional activities at home." The urine drug screen performed on 02/10/15 is consistent with current medication and there is a CURES report on file. The request IS medically necessary.