

Case Number:	CM15-0049652		
Date Assigned:	04/16/2015	Date of Injury:	05/13/2011
Decision Date:	05/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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 55 year old female, who sustained an industrial injury on May 13, 2011. The injured worker was diagnosed as having osteoarthritis. Treatment and diagnostic studies to date have included medication. A progress note dated February 23, 2015 provides the injured worker complains of left knee pain reported to be worsening. Physical exam notes marked distress and global tenderness of the knee. X-rays were reviewed. It is felt the injured worker is an excellent candidate for injections in an effort to avoid surgical options. There is a request for medication dated march 4, 2015.

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 Tramadol Page(s): 113.

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 50mg #60 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are osteoarthritis unspecified; and pain in joint, lower leg. The documentation shows the injured worker underwent left knee arthroscopy for patellofemoral mal-alignment on September 16, 2014. The injured worker was started on Oxycodone, Flexeril and Ambien on or about the date of surgery. In the subsequent progress note December 2014, Oxycodone was discontinued and Norco was started. On January 26, 2015, Norco 2.5 mg, Tramadol, Flexeril, Diclofenac and Pantoprazole were continued. In a February 23, 2015 note the only current medication listed was Tramadol 50 mg #60. The other medications were not documented in the medical record. There were no risk assessments in the medical record, no detailed pain assessments in the medical record and no documentation evidencing objective functional improvement. There were no VAS pain scales in the documentation to determine the subjective response to opiate treatment. Consequently, absent compelling clinical documentation with objective functional improvement, pain and risk assessments and VAS pain scales, Tramadol 50 mg #60 is not medically necessary.