

Case Number:	CM15-0052251		
Date Assigned:	03/25/2015	Date of Injury:	12/29/2003
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 51 year old male/female, who sustained a work/industrial injury on 12/29/03. He has reported initial symptoms of left knee, shoulder, and neck pain. The injured worker was diagnosed as having plica syndrome, medial meniscus tear, knee and shoulder pain and occipital neuritis. Treatments to date included medication, psychiatry consult, and steroid injections. Currently, the injured worker complains of neck pain and muscle weakness and a paresthesia. There was recent authorization for pool therapy. Steroid injections were giving less relief. The treating physician's report (PR-2) from 2/24/15 indicated, per exam, marked tenderness over the joint line of the left knee and increased swelling. Thessaly's test is positive over the left knee. Pain is arthritic. A knee replacement was recommended. Medications included Hydrocodone/APAP, Ibuprofen, and Benicar. Treatment plan included Tramadol refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, insufficient documentation showed evidence of this full review was completed around the time of this request for tramadol. In particular, there was insufficient documentation describing functional gain and measurable pain reduction with the use of Tramadol to warrant continuation. Therefore, the Tramadol will be considered medically unnecessary at this time.