

Case Number:	CM15-0052569		
Date Assigned:	03/26/2015	Date of Injury:	08/30/2004
Decision Date:	05/01/2015	UR Denial Date:	03/14/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 60 year old male, who sustained an industrial injury on August 30, 2004. He reported an injury to his right knee. The injured worker was diagnosed as status post remote right knee arthroscopy x2 and right knee end-stage osteoarthropathy. Treatment to date has included diagnostic studies, injections, physical therapy, TENS unit and medications. On January 14, 2015, the injured worker complained of worsening right knee pain rated as an 8 on a 1-10 pain scale. He reported the inability to walk greater than ten minutes continuously. He noted that medication decreases pain and results in improved function and a greater level of activity. The treatment plan included medication, right total knee arthroplasty, TENS unit and LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (Hydrochloride) 150 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Muscle relaxants (for pain); NSAIDs, GI symptoms & cardiovascular risk Page(s): 78, 67, 63-65, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids 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 nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Per progress report dated 1/14/15 it was noted that this medication decreased pain and resulted in improved function and greater level of activity. It was noted that ADLs such as grocery shopping, bathing, grooming, daily household duties such as preparation of food and taking out trash were maintained with medication. However, it was noted that urine screening was not consist with tramadol prescription. As such, medical necessity cannot be affirmed. Therefore, the requested treatment is not medically necessary.