

Case Number:	CM15-0055836		
Date Assigned:	04/01/2015	Date of Injury:	12/14/2012
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/24/2015

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: Pennsylvania, Ohio, 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 60 year old female, who sustained an industrial injury on December 20, 2012. She reported left knee pain and hand pain. The injured worker was diagnosed as having status post left knee arthroplasty, degenerative spurring, carpal tunnel syndrome and chondromalacia. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, carpal tunnel release, physical therapy, medications and work restrictions. Currently, the injured worker complains of bilateral knee, foot and hand pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 7, 2014, revealed continued left knee pain and compensatory right knee pain as well as bilateral wrist and hand pain. The plan included tramadol for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 REF 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Opioids for Osteoarthritis Page(s): 78, 80, 83.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. These guidelines recommend Tramadol as an initial opioid when this drug class is chosen, particularly for osteoarthritis. An initial physician review states that no functional benefit of Tramadol is documented. However, this medication is documented to have allowed the patient to return to work and no concern of aberrant behavior is documented. The guidelines do support this request; the request is medically necessary.