

Case Number:	CM15-0056950		
Date Assigned:	04/01/2015	Date of Injury:	01/25/2012
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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: Texas, Florida

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 49 year old male, who sustained an industrial injury on 1/25/2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic knee pain, internal derangement bilateral knee and status post right knee arthroscopy in 2013. Treatments to date include medication therapy, physical therapy, aquatic therapy, hot/cold wrap and TENS unit. Currently, he complained severe left knee pain associated with numbness and tingling around the knee. On 1/27/15, the physical examination documented tenderness along the patella medially and laterally. The plan of care included continuation of medication therapy. The Injured Worker is currently working full time in the IT field. The medications previously listed are Ultracet, Nalfon and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 93-94, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedatives. The records did not show subjective or objective findings consistent with diagnosis of chronic severe pain state. There is no significant functional limitation related to the knee pain. The records did not show that the patient failed treatment with NSAIDs and non opioid co-analgesic medications. There is no documentation of guidelines required compliance monitoring measures such as UDS and absence of aberrant behavior. The criteria for the use of Tramadol ER 150mg #30 was not met and the request is not medically necessary.