

Case Number:	CM15-0057040		
Date Assigned:	04/16/2015	Date of Injury:	10/26/2011
Decision Date:	05/11/2015	UR Denial Date:	02/24/2015
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: 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 64 year old male, who sustained an industrial injury on 10/26/2011. Diagnoses include status post right shoulder surgery, status post left shoulder surgery, status post revision left total knee arthroplasty, status post primary total knee arthroplasty, internal derangement right knee and lumbar spine myoligamentous sprain/strain. Treatment to date has included diagnostics including x-rays and magnetic resonance imaging (MRI), medications, Per the Primary Treating Physician's Progress Report dated 1/27/2015, the injured worker reported persistent right and left knee pain, right and left shoulder pain and low back pain. Physical examination of the bilateral shoulders revealed restricted range of motion on external rotation, extension and adduction. Examination of the lumbar spine revealed slight tenderness in the lumbar paravertebral muscles with no spasm. Flexion is to 60 degrees with increased low back pain, extension is to 5 degrees with increased low back pain and right and left lateral bending is to 15 degrees with increased low back pain. Straight leg raise is to 50 degrees bilaterally without pain in the lower back region. There was restricted arrange of motion to the bilateral knees with medial joint line tenderness on the right with positive crepitus. The plan of care included diagnostic imaging and medications and authorization was requested for Tramadol XR 250mg #30 and magnetic resonance imaging (MRI) right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 250mg XR #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for the requested medication has not been established. The requested treatment with Tramadol is not medically necessary.

MRI of the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: MRI of the knee.

Decision rationale: ODG states that an MRI of the knee is used to evaluate for ligament damage, meniscal damage and/or internal derangement. Per the documentation on physical exam there is only medial joint line tenderness. There are no physical exam findings of effusion or instability. The documentation also indicates that the claimant had a previous MRI of the right knee. There is no documentation of the results of the previous MRI study. Medical necessity for the requested MRI study is not established. The requested MRI is not medically necessary.