

Case Number:	CM14-0141922		
Date Assigned:	09/10/2014	Date of Injury:	09/22/2011
Decision Date:	10/10/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old male who reported an injury on 09/22/2011. The mechanism of injury was a slip and fall. Diagnosis includes internal derangement status post right knee partial medial meniscectomy. Past treatments included physical therapy and medication. Diagnostic studies include an unofficial MR arthrogram of the right knee on 08/05/2014, which was noted to be unremarkable. Surgical history included an arthroscopic right knee medial meniscectomy on 06/27/2013. The clinical note dated 06/11/2014 indicated the injured worker complained of shooting, burning right knee pain radiating distally to the right leg. Physical exam findings indicated a well healed arthroscopic portal scar of the right knee with associated medial joint line tenderness. Current medications were listed as an anti-inflammatory medication and tramadol 250mg as needed. The treatment plan included tramadol 50 mg for the right knee. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg Body Part: Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 80.

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

Decision rationale: The request for tramadol 50 mg for the right knee is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related 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. The injured worker complained of right knee pain status post arthroscopic surgery. Physical exam revealed right knee joint line tenderness. The injured worker was shown to have been taking the requested medication since at least 05/15/2013. However, there is a lack of clinical documentation of quantified pain relief, improvement in function, and any nonadherent drug related behaviors identified through the use of urine drug screens. In the absence of this documentation, which is required by the guidelines to justify the ongoing use of opioid medications, the request is not supported. Additionally, the request does not indicate the quantity and frequency for taking the medication. Therefore, the request for tramadol 50 mg for the right knee is not medically necessary.