

Case Number:	CM14-0153976		
Date Assigned:	10/27/2014	Date of Injury:	12/05/2000
Decision Date:	11/25/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/22/2014

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 Emergency Medicine 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:

This injured worker has a reported date of injury of 12/5/2000. Mechanism of injury was not provided for review. Injured worker has a diagnosis of chronic back pain, post cervical decompression and fusion, degenerative cervical disease, bilateral upper extremity radiculitis, lumbar herniated disc disease, radiculitis of bilateral lower extremity, "rule out degenerative joint disease of bilateral knees" and "rule out internal derangement of knee." Medical reports reviewed. Last report available until 7/25/14. Injured worker reportedly feels improved. Pain to neck and back is 8/10, constant and worsens with movement or activity. Objective exam reveals healed scar on R neck, negative spasms or pain and diminished sensation in glove-like distribution to both hands and fingertips. Normal motor strength. Range of motion (ROM) is limited in flexion and extension. Lumbar spine exam reveals tenderness to paraspinal muscles, muscle spasms and decreased ROM. Positive straight leg raise bilaterally. Normal motor strength. Knee exam shows crepitus, medial joint line tenderness and mild decrease in ROM bilaterally. Negative McMurray, Lachman's or Drawer's. Healed arthroscopic scars. Letter of appeal dated 9/16/14 does not provide any information to support continued opioid use. It states, "The efficacy of Tramadol is difficulty to prove, given its variable effect and the side effects that were most associated with Tramadol make its efficacy limited, particularly in a long term basis." Urine Drug Screen dated 8/1/14 showed positive for Tramadol and Morphine. No imaging studies were provided for review. No medication list was provided for review. Injured worker appears to be on Gabapentin, Tramadol, Omeprazole and Diclofenac. Independent Medical Review is for Tramadol ER 150mg #60 and X-ray of bilateral knees. Review of records show that Tramadol request is retrospective for 7/25/14. Prior UR on 8/18/14 recommended non-certification. It certified request for MRI of bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of objective pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Urine Drug Screen shows morphine which is not a prescribed medication. Progress notes does not mention why injured worker is positive for morphine. The letter of appeal does not make any justification as to support continued tramadol use. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.

X-ray of the Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Injured worker has reportedly prior arthroscopic knee procedures but details of what was done were not provided. There is also report of prior X-rays but these were not provided. Injured worker does not meet criteria for bilateral knee X-rays for chronic knee pains with no proper documentation of prior conservative care or any sudden change in pain or objective findings. Injured worker also has had approval of MRIs of bilateral knees which will provide superior imaging of knee pathology compared to knee X-rays. X-rays of bilateral knees are not medically necessary.