

Case Number:	CM14-0147244		
Date Assigned:	09/15/2014	Date of Injury:	05/17/2012
Decision Date:	05/11/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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. 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: California, Indiana, 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 60-year-old male, who sustained an industrial injury on 5/17/2012. Diagnoses include derangement of knee and chondromalacia patella. Treatment to date has included pain medications, modified activity, diagnostics including electrodiagnostic testing and x-rays, massage, leg creams and leg elevation. Per the Primary Treating Physician's Progress Report dated 8/21/2014, the injured worker reported constant, moderate, aching, left knee pain. He is being seen for a flare up of symptoms. The pain radiates to the thigh. Physical examination revealed a mild antalgic gait. There was parapatellar tenderness noted and also tenderness along adductors. Patellofemoral compression test and Clarke's sign were positive. He was unable to perform a squat and unable to toe walk. The plan of care included diagnostic imaging and medications and authorization was requested for Tramadol 37.5/325mg #60, Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg 1-2 tabs Twice Per Day #60, 30 days, Refills 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Chapter, Opioids Specific Drug List, Tramadol/Acetaminophen; and the Criteria for the Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol (Ultracet) 37.5/325 mg once two tablets twice per day #60 (30 days) with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are the arrangement of left knee; and left chondromalacia patella. The medical record contains 10 pages and one progress note. The progress note is dated August 21, 2014 and the request for authorization is August 22, 2014. Subjectively, the injured worker complained of a flare-up of the left knee. The injured worker was on no medications prior to that visit. At that visit, the treating provider prescribed Anaprox DS, Tramadol (Ultracet) and Prilosec. Tramadol (Ultracet) is indicated for short-term use. There is no documentation the treating provider tried and failed prior non-steroidal anti-inflammatory drug use. Anaprox DS was prescribed concurrently with Tramadol. Additionally, Tramadol (Ultracet) 37.5/325 mg once two tablets b.i.d. #60 (30 days) with one refill was prescribed. There is no clinical indication for one refill in addition to a 30-day supply for a short-term opiate without evidence of objective functional improvement (and failure of first-line treatment with non-steroidal anti-inflammatory drugs) in a newly prescribed opiate. Consequently, absent clinical documentation with failure of non-steroidal anti-inflammatory drugs (prior to initiating opiate therapy) and an excessive number of Tramadol (Ultracet) 37.5/325 mg including one refill, Tramadol (Ultracet) 37.5/325 mg once two tablets twice per day #60 (30 days) with one refill is not medically necessary.