

Case Number:	CM14-0210399		
Date Assigned:	12/23/2014	Date of Injury:	07/20/2012
Decision Date:	02/20/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 44 years old male patient who sustained an injury on 7/20/2012. He sustained the injury when he climbed the roof by stepping on pieces of wood that had been nailed to the roof and had reached the top rung of these improvised steps, the wood broke under his foot and he slipped back downward on the roof. The current diagnoses include right knee, bilateral meniscal degeneration without frank meniscal tear and bilateral chronic ankle sprain. Per the doctor's note dated 10/29/2014, he had complaints of right knee pain. The physical examination revealed right knee- flexion 130 and extension 0 degrees, tenderness over the medial and lateral tibiofemoral joint spaces, positive Mc Murray, a positive patella grind test, negative patella compression test, no increased laxity as valgus and varus stress test , negative anterior and posterior joint tests negative over the right knee. The medications list includes tramadol. He has had knee MRI. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Tramadol 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics.Opioids for neuropathic pain. Page(s): 75,82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the doctor's note dated 10/29/2014, he had complaints of chronic right knee pain with tenderness and positive Mc Murray test. The response to first line medications for pain like NSAIDS is not specified in the records provided. The response to the daily use of tramadol in terms of objective functional improvement was not specified in the records provided. Objective functional ability of the pt with and without daily tramadol use was not specified in the records provided. There is evidence of conditions that can cause chronic pain with episodic exacerbations. The use of small quantities of tramadol for intermittent use, during exacerbations, would be deemed medically appropriate and necessary. However, the Prospective request for 1 prescription of Tramadol 50mg #60 with 2 refills, as submitted is not medically appropriate and necessary.