MAXIMUS Federal Services

Case Number:	CM14-0212835		
Date Assigned:	12/30/2014	Date of Injury:	10/01/1997
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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 (IW) is a 56-year-old man with a date of injury of October 1, 1997. The mechanism of injury occurred when a ladder fell on the injured worker's knee. The injured worker's working diagnoses is right knee pain status post anterior cruciate ligament repair. The IW is status post ACL repair/reconstruction, bone grafts and screw fixation on September 16, 1998. Pursuant to the progress note dated December 1, 2014, the IW complains of right knee pain. He reports he continues to decrease his Norco. He denies any new symptoms. Examination of the right knee reveals mild crepitus. Varicosities are noted in the right lower extremity. There are no other physical examination findings documented. The treating physician is recommending medication refills. The documentation of the medical record indicates the IW was taking both Norco and Tramadol as far back as January 14, 2014. A urine drug screen from November 3, 2014 indicates the IW is taking Hydrocodone (Norco). Tramadol is not listed. Urine drug screen, however, shows Tramadol and not Norco. The urine drug screens are inconsistent. Additionally, in the November 3, 2014 office visit Norco is being weaned with a 15-count refill at that office. The documentation from a December 1, 2014 progress note indicates Norco #30 and Tramadol #120 is being requested. There are no detailed pain assessments or evidence of objective functional improvement with the ongoing use of Norco and Tramadol. The current request is for Tramadol 50mg #120 according to the treating physician's documentation on page 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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 50 mg #120 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 opium is. 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. In this case, the injured worker's working diagnoses are chronic right knee pain, status post surgery; and degenerative joint disease. The documentation of the medical record indicates the injured worker was taking both Norco and tramadol as far back as January 14, 2014. Routine long-term opiate use is not recommended. It was recommended (by utilization review) that both, Norco and tramadol be weaned or that subsequent requests would be noncertified. Urine drug screen from November 3, 2014 indicates the injured worker is taking hydrocodone (Norco). Tramadol is not listed. Urine drug screen, however, shows tramadol and not Norco. The urine drug screen is inconsistent. Additionally, in the November 3, 2014 office visit Norco is being weaned with a 15 count refill at that office. The documentation from a December first 2014 progress note indicates Norco #30 and tramadol #120 is being requested (page 60). Consequently, absent clinical documentation to support ongoing use of tramadol and Norco with evidence of objective functional improvement, no adherence to weaning criteria for Norco, the request for tramadol 50 mg one tablet Q6h #120 is not medically necessary.