

Case Number:	CM14-0214268		
Date Assigned:	01/07/2015	Date of Injury:	05/03/2013
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 44-year-old female with an injury date of 06/03/2013. Based on the 09/09/2014 progress report, the patient complains of right shoulder pain and left knee pain. She claims her left knee feels swollen and when she walks, it feels like "bones are rubbing against each other." The 11/05/2014 report states that the patient has insomnia, fatigue, and rates her pain as a 4-6/10. The 12/02/2014 report indicates that the patient has a painful neck, painful right shoulder, and a painful left knee. Her left knee has a partial ACL tear. The patient's diagnoses include the following: ACL tear, Knee arthropathy. The utilization review determination being challenged is dated 12/12/2014. There are treatment reports provided from 07/15/2014 - 12/02/2014. Reports are handwritten and partially illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain, Criteria For Use Of Opioids Page(s): 60-61, 76-78, 88, 89.

Decision rationale: The patient presents with right shoulder pain and left knee pain. The request is for Tramadol 150 MG #60. There is no Utilization Review determination rationale provided. None of the reports mentioned tramadol or when the patient began taking this medication. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The MTUS Guidelines pages 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." There is no indication of when the patient began taking tramadol nor did any of the reports mention it. There is no recent list of medication that the patient is taking and there isn't any mention of prior opiate use. Given the patient's chronic pain, a trial of opiate would appear reasonable and consistent with the guidelines. The request is medically necessary.