

Case Number:	CM14-0216744		
Date Assigned:	01/06/2015	Date of Injury:	11/15/2010
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/26/2014

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old male was injured 11/15/2010. The injury was due to moving large barrels of photo waste resulting in injury to the right shoulder. The injured worker continues to complain of right diffuse shoulder tenderness with limited range of motion. He exhibits left knee crepitus and right knee tenderness and decreased lumbar range of motion with positive straight leg raise. Radiographs of right knee (8/27/13 and prior views 11/21/12) demonstrate right total knee arthroplasty that was stable; moderate prepatellar soft tissue swelling and small residual effusion. MRI of the left knee (8/27/13) demonstrated multifocal areas of bone marrow edema related to areas of focal irregular cartilaginous thinning superimposed upon a more diffuse and generalized mild to moderate chondromalacia. His diagnoses include status post right shoulder surgery (1/29/14); status post remote right total knee arthroplasty (11/12); status post left L5-S1 decompression; left knee peripatellar pain; generalized abdominal discomfort of unknown etiology and reactive depression. The injured worker has had 24 post-operative physical therapy sessions for the right shoulder. The injured workers left knee is worsening with resulting decreased activity and function in addition he has difficulty getting out of bed, straightening and standing up; increased back pain with radiation into his left thigh and calf with numbness and tingling in the left leg when riding in a car; sleep difficulties. His pain intensity level is 7/10 for right shoulder, back and knee. He uses a cane for balance. Requests for MRI left knee, viscosupplementation, acupuncture are pending. As of 8/19/14 he has begun additional physical therapy sessions for his low back. He received corticosteroid injection to his left knee (8/19/14) for persistent left knee that exhibits crepitus on examination. There were no specific results

regarding the effect of physical therapy to the left knee injection or the effect of the left knee injection. His medications include Tramadol, Naproxen, ibuprofen, pantoprazole, cyclobenzaprine. Drug screen 1/13/14 detected Zolpidem and drug screen (4/28/14) detected acetaminophen. Tramadol was not detected although it has been ordered. The injured worker was temporarily totally disabled with last day worked 12/31/2010. On 11/26/14 Utilization Review non-certified a request for Tramadol HCL based on no clear documentation regarding use of Tramadol to specifically improve activities of daily living; opioid monitoring is not documented with evidence of an opioid contract, CURES report, pill counts, no information regarding impairment, abuse, diversion or hoarding. MTUS Chronic Pain Guideline was referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111,113,119. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedatives. The guidelines recommend that documentation of compliance monitoring measures and functional restoration during chronic opioid treatment. The records indicate that the patient is on chronic Tramadol treatment for the management of musculoskeletal pain. There are multiple UDS reports that are inconsistent with the absence of prescribed Tramadol but non prescribed Ambien was detected. There was no documentation of other compliance measures or functional restoration. The criteria for the chronic use of Tramadol HCL 150mg #60 was not met.