

Case Number:	CM14-0217942		
Date Assigned:	01/07/2015	Date of Injury:	05/10/2005
Decision Date:	03/06/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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:

This 53-year-old male sustained a work related injury on 05/10/2005. According to a Qualified Medical Evaluation dated 02/07/2007, the claimant developed pain in his right knee on 05/10/2005 when he was preparing forms for cement to be poured. He worked for an extended period of time in a bent over position. He did not recall a specific incident that might have caused the onset of the pain in his right knee. On 08/12/2005, the injured worker underwent knee surgery. Preoperative diagnosis included medial and lateral meniscal tears of the right knee, lateral parameniscal cyst of the right knee and degenerative osteoarthritis of the right knee. As of a progress report dated 07/24/2014, the injured worker complained of right knee pain that was rated 8 on a scale of 0-10. Pain was characterized as aching, sharp and throbbing. Medications were helping and he was tolerating the medications well. He showed no evidence of developing medication dependency. Symptoms were adequately managed with medication regimen. Quality of sleep was poor. Current medications included Naproxen Sodium, Hydrocodone-acetaminophen and Tramadol. According to the provider, the injured worker was informed that Norco and Tramadol both did not show up in his urine toxicology screens in May 2014. The injured worker stated that he took the medications at nighttime because he did not want to drive with those medications in his system. The injured worker was told if the medications were not in his toxicology screen or if he continues to be non-compliant that he may not be able to continue to provide him with prescriptions or provide care for him. A urine toxicology screen was planned for the next appointment and the injured worker was to re-sign the patient opiate agreement. According to a progress report dated 11/13/2014, the injured worker complained of right knee

pain. Pain was rated a seven on a scale of 0-10. Pain was characterized as burning, sharp and restless. Medications were helping and he was tolerating medication well. According to the provider, the injured worker showed no evidence of developing medication dependency. With the current medication regimen, his pain symptoms were adequately managed. Quality of sleep was poor. Current medications included Naproxen Sodium, Tramadol and Norco. Diagnoses included arthropathy not otherwise specified of lower leg, pain in joint of lower leg, osteoarthritis not otherwise specified of lower leg and transient arthropathy of lower leg. Refill was added for Tramadol and Norco. The injured worker was working full time without restrictions as of 08/13/2013. According to a Utilization Review Appeal Letter from the provider dated 11/25/2014, the injured worker was unable to refill his prescription of Tramadol after his follow up on 09/04/2014. Therefore, his last urine drug screen on 10/16/2014 was negative. He is only being prescribed one tab of Tramadol per day. On 12/04/2014, Utilization Review non-certified 1 prescription of Tramadol HCL 50mg #30. The request was received on 11/26/2014. According to the Utilization Review physician, the request for Tramadol was non-certified due to lack of overall improvement in pain ratings. The reviewer also noted the previous two urine drug screens that were found to be negative, which could indicate medication abuse as the injured worker continued to receive medication. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: According to the 11/25/14 appeal letter, the patient has 9/10 right knee pain that is brought down to 5/10 levels with medications. He takes Norco and Tramadol and naproxen. The patient is able to work full time, but has increasing pain at the end of the work-shift. The physician and patient do not believe he would be able to continue working without the medication. The physician discusses the four As for ongoing monitoring. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids 6-months or more states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" Also for Strategy for maintenance, MTUS states: Do not attempt to lower the dose if it is working The physician has shown the patient has a satisfactory response to Norco and Tramadol. There is decreased pain, improved function and the patient is working full duty, and has consistent urine drug screens without side effects. The physician appears to be using Tramadol in accordance with MTUS guidelines. The request for Tramadol HCL 50mg, #30 IS medically necessary.

