

Case Number:	CM15-0124916		
Date Assigned:	07/09/2015	Date of Injury:	07/07/2013
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 is a 56-year-old female, who sustained an industrial injury on July 7, 2013. She reported tripping over a cord of an oxygenator falling onto her left knee. The injured worker was diagnosed as having lower leg pain in joint, knee contusion, lumbar region sprain/strain, and left greater trochanteric bursitis. Treatments and evaluations to date have included an ultrasound guided left knee injection, x-rays, work modification, physical therapy, MRIs, and medication. Currently, the injured worker complains of left knee, left hip, and low back pain. The Primary Treating Physician's report dated June 1, 2015, noted the injured worker reported her knee pain was increasing and her medications barely allowed her to function daily, taking Naproxen twice daily and Ultracet three times daily. The injured worker was noted to have received approval for surgery. The injured worker was noted to have been working six hours, with that being too much for her, and that by the fourth hour her pain was significantly severe. Physical examination was noted to show the injured worker in pain, with an antalgic gait, and tenderness to palpation of the left knee. The injured worker's current medications were listed as Naproxen Sodium-Anaprox, Pantoprazole-Protonix, Tramadol/APAP, Ibuprofen, and Tylenol. The Physician noted the injured worker continued to use her medications with some, but very minimal benefit, providing 30-40% reduction in pain, although not as helpful. The treatment plan was noted to include prescriptions for Naproxen Sodium-Anaprox, Pantoprazole-Protonix, and Tramadol/APAP. The injured worker's work restrictions were modified to reduce to working only four hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The documentation provided failed to include objective, measurable improvement in the injured worker's pain, function, or quality of life with use of the Tramadol. The injured worker was noted to have an increase in her knee pain, with the medications barely allowing her to function daily, and with some, but very minimal benefit reducing pain, but not as helpful. The injured worker was noted to require a decrease in her work status, with reduction in hours from six to four. The documentation did not include the intensity of pain after taking the Tramadol, how long it took for pain relief, or how long the pain relief lasted. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Tramadol 37.5/325mg #90.