

Case Number:	CM15-0127849		
Date Assigned:	07/14/2015	Date of Injury:	03/09/2010
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/02/2015

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: California

Certification(s)/Specialty: Emergency 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 54 year old male who sustained an industrial /work injury on 3/9/10. He reported an initial complaint of left knee pain. The injured worker was diagnosed as having chondromalacia of patella, pain in joint involving lower leg, tear of cartilage or meniscus of knee. Treatment to date includes medication and diagnostics. MRI results were reported on 8/8/13. X-ray results reported on 1/9/13. Currently, the injured worker complained of chronic pain in the left knee secondary to osteoarthritic changes. Per the primary physician's report (PR-2) on 6/8/15, exam noted left knee having no effusion, positive for crepitus with extension, tenderness with palpation medial and lateral joint space, tenderness to patella tendon, strength 4/5, full active range of motion, no laxity, left calf general edema noted. Right knee is unremarkable with strength 5/5, sensation intact, gait steady. Current plan of care included medication and follow up in one month. The requested treatments include Tramadol 50mg oral tablet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg oral tablet #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113.

Decision rationale: The requested Tramadol 50mg oral tablet #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has noted left knee having no effusion, positive for crepitus with extension, tenderness with palpation medial and lateral joint space, tenderness to patella tendon, strength 4/5, full active range of motion, no laxity, left calf general edema noted. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg oral tablet #90 is not medically necessary.