

Case Number:	CM15-0129571		
Date Assigned:	07/16/2015	Date of Injury:	12/09/2014
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 27 year old male with an industrial injury dated 12/09/2014. The injured worker's diagnoses include right knee patellar tendinosis and status post right proximal tibial fracture with subsequent open reduction internal fixation (ORIF) surgery resulting in ankle swelling and decreased range of motion. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/14/2015, the injured worker reported right knee and right ankle pain. The injured worker rated right knee pain a 5-6/10 and right ankle pain a 7/10. Objective findings revealed tenderness to palpitation with restricted range of motion of the right knee and right ankle. The treatment plan consisted of physical therapy and medication management. The treating physician prescribed Tramadol 50mg #60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are right knee patellar tendinosis; and status post right proximal tibia fracture subsequent open reduction internal fixation resulting in ankle swelling and decreased range of motion. The date of injury is December 9, 2014. Request for authorization is dated June 5, 2015. The earliest progress note containing a tramadol 50 mg prescription is dated February 26, 2015. The injured worker's of subjective complaint was right ankle pain 5/10. The most recent progress note dated May 14, 2015 indicates the injured worker subjectively complains of right knee and ankle pain 5-6/10. Objectively, there is tenderness to palpation with decreased range of motion. There is no documentation demonstrating objective functional treatment. There were no risk assessments for detailed pain assessment. There has been no attempt at weaning. Consequently, absent clinical documentation with objective functional improvement, subjective functional improvement (based on VAS scores), detailed pain assessments and risk assessments and attempted weaning, Tramadol 50mg #60 is not medically necessary.