

Case Number:	CM15-0147324		
Date Assigned:	08/10/2015	Date of Injury:	09/24/2012
Decision Date:	10/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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:

The injured worker is a 47-year-old female who sustained an industrial injury on September 24, 2012 resulting in bilateral knee and ankle pain. Diagnoses have included bilateral knee sprain, internal derangement of the knee, ankle sprain or strain, and osteoarthritis. Documented treatment has included home exercise, pain medication including Tramadol and Ibuprofen, and knee bracing. The injured worker continues to present with pain in her right foot and ankle with numbness and tingling, as well as problems sleeping. The treating physician's plan of care includes Tramadol 50 mg. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg take 1 tablet p.o. for management of pain Qty: 60, refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Work Loss Data Institute (www.odg-twc.com, Fitness for Duty (updated 4/27/2015)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 07/30/15 with left ankle, left foot, pain rated 5/10. The patient's date of injury is 09/24/12. Patient has no documented surgical history directed at these complaints. The request is for Tramadol 50mg take 1 tablet p.o for management of pain qty: 60, refills: 0. The RFA is dated 07/30/15. Physical examination dated 06/22/15 reveals tenderness to palpation of the left anterior knee and reduced range of motion of the left knee. The patient is currently prescribed Tramadol, and FCL compounded topical cream. Patient is currently classified as temporarily totally disabled for 45 days. MTUS Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) section, pages 88 and 89 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 page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the requested Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Progress note date 07/30/15 has the following regarding Tramadol's efficacy: "The patient feels better with rest, topical compound, and pain medication. Performing walking, standing, cleaning and cooking makes her symptoms worse." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is evidence of medication compliance to date. However, the provider does not include any measures of analgesia via a validated scale, any activity-specific functional improvements, or any statement of a lack of aberrant behavior. Without such documentation, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.