

Case Number:	CM15-0175068		
Date Assigned:	09/16/2015	Date of Injury:	06/29/2014
Decision Date:	10/20/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 44 year old female who sustained an industrial injury on 6-29-14 when she struck her right knee on a marble countertop. Diagnosis was impingement syndrome. On 6-18-15 she complained of improving right knee pain. There was tenderness to palpation and McMurray's caused pain. Her pain level on 4-30-15 was 8 out of 10 unchanged from 3-19-15 note and 6 out of 10 per 6-30-15 note. She currently (7-2-15) complains of constant, sharp left shoulder pain with numbness and tingling and a pain level of 9 out of 10. She reports relief from medication. On physical exam of the left shoulder there was tenderness to palpation, decreased range of motion and suprapinatus and shoulder apprehension caused pain. Drug screen from 3-19-15 was inconsistent with prescribed medication. Diagnostics included MRI of the right knee (1-13-15) showing medial meniscus tear not entirely excluded. Treatments to date include physical therapy; acupuncture both of which helped a little; medication: tramadol. In the progress note dated 6-18-15 the treating provider's plan of care included a request for tramadol 100mg ER #45. The request for authorization dated 6-18-15 indicated tramadol ER 100mg #45. On 8-28-15 utilization review evaluated and non-certified the request for tramadol 100mg ER #45 based on unclear indication for use as documentation references knee and shoulder pain and insufficient detail of medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 100mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated.