

Case Number:	CM15-0033468		
Date Assigned:	02/27/2015	Date of Injury:	05/16/2013
Decision Date:	04/13/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/23/2015

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 37 year old female, who sustained an industrial injury on 5/16/2013. The diagnoses have included left hip trochanteric bursitis, possible left lumbar radiculopathy and left knee internal derangement with discoid lateral meniscus. Treatment to date has included physical therapy and medication. According to the progress report dated 1/29/2015, the injured worker complained of left knee pain with giving way of the left knee and swelling. She also complained of pain over the left hip, low back and pain radiating into the left ankle. Physical exam revealed tenderness in the left, lower lumbar area as well as tenderness over the left trochanteric area. Exam of the left knee demonstrated lateral tenderness. A cortisone injection was given to the greater trochanteric area. A prescription was given for Tramadol and Anaprox. Authorization was requested for left knee arthroscopic surgery. On 2/14/2015, Utilization Review (UR) non-certified a request for postoperative Tramadol 50mg #30 or Tramadol HCL ER 150mg #30. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Tramadol 50mg #30 or Tramadol HCL ER 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with left knee pain with noted swelling, low back pain and left hip pain. The current request is for POST OP TRAMADOL 50MG #30 OR TRAMADOL HCL ER 150MG #30. Request for Authorization dated 2/6/15 requests Post Op Meds: Norco 10/325mg #60, Tramadol 50mg #30 or Tramadol HCL ER 150 #30. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The treating physician has recommended left knee surgery and post operative physical therapy and medications. The Utilization review denied the request for surgery and post operative medications on 2/14/15. The medical file provided for review includes one progress report dated 1/29/15. This report provides no discussion regarding prior use of Tramadol. It appears to be an initial request. In this case, recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states "functional assessments should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." This request IS NOT medically necessary.