

Case Number:	CM15-0069173		
Date Assigned:	04/16/2015	Date of Injury:	02/28/2014
Decision Date:	05/18/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 was a 66 year old male, who sustained an industrial injury, February 28, 2014. The injured worker previously received the following treatments physical therapy, a brace immobilization, left knee x-rays, left knee MRI and Tramadol. The injured worker was diagnosed with left knee sprain, left knee strain and contusion and left knee degenerative joint disease, tear medical meniscus and post traumatic osteoarthritis of the left knee. According to progress note of January 9, 2015, the injured workers chief complaint was pain in the left knee. The injured worker was unable to squat, kneel, crawl, run or stand. The physical exam noted patellofemoral crepitus was present. The treatment plan included prescription for Tramadol. Per the doctor's note dated 10/23/14 patient had complaints of pain, swelling, stiffness in left knee at 8/10. Physical examination of the knee revealed tenderness on palpation. The patient sustained the injury due to slip and fall incident. The patient's surgical history include left shoulder rotator cuff repair. The medication list include Celebrex, Simvastatin, Lisinopril, Amlodipine and Atenolol. The patient has had MRI of the left knee on 4/17/14 that revealed degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, sixty count with two refills: Overturned

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 MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Request: Tramadol 50 mg, sixty count with two refills. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines, "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain." (Kumar, 2003) Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The injured worker was diagnosed with left knee sprain, left knee strain and contusion and left knee degenerative joint disease, tear medial meniscus and post traumatic osteoarthritis of the left knee. According to progress note of January 9, 2015, the injured worker's chief complaint was pain in the left knee. The injured worker was unable to squat, kneel, crawl, run or stand. The physical exam noted patellofemoral crepitus was present. Per the doctor's note dated 10/23/14 patient had complaints of pain, swelling, stiffness in left knee at 8/10. Physical examination of the knee revealed tenderness on palpation. The patient sustained the injury due to slip and fall incident. The patient's surgical history includes left shoulder rotator cuff repair. The patient has had MRI of the left knee on 4/17/14 that revealed degenerative changes. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50 mg, sixty count with two refills is deemed as medically appropriate and necessary.