

Case Number:	CM15-0071965		
Date Assigned:	04/22/2015	Date of Injury:	07/01/2010
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/15/2015

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: Emergency 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 was a 64 female, who sustained an industrial injury, July 1, 2010. The injured worker previously received the following treatments Celexa, Ultram, Gabapentin, left knee MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities and Flector Patches. The injured worker was diagnosed with anxiety, psychalgia, depressive disorder, osteoarthritis of the knee, derangement of the knee, plantar fasciitis, ankle sprain and chronic pain syndrome. According to progress note of March 23, 2015, the injured workers chief complaint was pain on both sides of the left knee with radiation of the pain into the ankle. The pain was described as burning, shooting, stabbing and throbbing. The injured worker rated the pain at 5-8 out of 10, 0 being no pain and 10 being the worse pain. Aggravating factors were twisting and weather changing. Alleviating factors were medication and rest. The physical exam noted joint tenderness with palpation in the left knee joint and crepitus. There was muscle tenderness with palpation of the quadriceps of the left lower extremity and ligamentous tenderness noted at the lateral collateral ligament of the knee of the left lower extremity. There was positive edema in the lower portion of the left lower extremity. There was decreased range of motion with flexion. The treatment plan included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol tab 50mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol tab 50mg #90 with 3 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain on both sides of the left knee with radiation of the pain into the ankle. The pain was described as burning, shooting, stabbing and throbbing. The injured worker rated the pain at 5-8 out of 10, 0 being no pain and 10 being the worse pain. Aggravating factors were twisting and weather changing. Alleviating factors were medication and rest. The physical exam noted joint tenderness with palpation in the left knee joint and crepitus. There was muscle tenderness with palpation of the quadriceps of the left lower extremity and ligamentous tenderness noted at the lateral collateral ligament of the knee of the left lower extremity. There was positive edema in the lower portion of the left lower extremity. There was decreased range of motion with flexion. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol tab 50mg #90 with 3 refills is not medically necessary.