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| Case Number: | CM15-0093585 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 08/01/2012 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

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, Pain Management

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 52 year old female, who sustained an industrial injury on 08/01/2012. She reported developing right knee pain after a fall. The injured worker is currently not working. The injured worker is currently diagnosed as having pain in lower leg joint. Treatment and diagnostics to date has included right knee MRI that showed severe medial tibial arthrosis with grade 4 chondrosis and focal osteochondral lesion, right knee surgery, functional restoration program, and topical and oral medications. In a progress note dated 04/17/2015, the injured worker presented with complaints of chronic right knee pain. Objective findings include antalgic gait with use of a cane. The treating physician reported requesting authorization for Tramadol/Acetaminophen. Notes indicate that her pain is reduced from 10/10 to 6-7/10 with the currently prescribed medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tramadol/APAP 37.5/325mg #90, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the patient's current medication improves her pain substantially with no intolerable side effects. It is acknowledged, that there should be better documentation of objective functional improvement and discussion regarding aberrant use. However, a one-month prescription should allow the requesting physician time to better document those items. As such, the currently requested Tramadol/APAP 37.5/325mg #90 is medically necessary.