

Case Number:	CM15-0098359		
Date Assigned:	05/29/2015	Date of Injury:	05/16/2013
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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 47 year old male, who sustained an industrial injury on 05/16/2013. He has reported injury to the left knee. The diagnoses have included left knee sprain/strain; left knee internal derangement; and patellofemoral chondromalacia left knee. Treatment to date has included medications, diagnostics, injection, splinting with crutches, home exercises, and physical therapy. Medications have included Tramadol and Voltaren gel. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left knee pain still going up to about 6-7, on 0-10 scale, without the assistance of medications; any activities that involve bending, such as going upstairs, kneeling down, having to bend to lift something, all aggravate his pain; with medication his pain will go down to about a 4, on 0-10 scale; whenever his is sitting for an extended period of time, he has to get up extremely slow, and at times from the left knee all the way down to the left foot, his leg will go completely numb; and he has modified work duties. Objective findings included an antalgic gait pattern; walking with a single-point cane; limping trying to favor the left knee; heel and toe ambulation could not be conducted; lumbosacral palpation from L1 to the sacrum shows areas of tenderness or spasm bilaterally; ranges of motion of the lumbar spine and the left knee are unrestricted; left knee shows slight swelling; and tenderness is noted on the medial joint line of the left knee. The treatment plan has included the request for Tramadol 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going management, weaning of medications, opioids.

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

Decision rationale: The patient presents with left knee pain rated 6-7/10 without and 4/10 with medication. The request is for TRAMADOL 50 MG #60. The request for authorization is dated physical examination of the left knee reveals slight swelling is positive as well as tenderness noted on medial joint line of left knee. The patient gait pattern is antalgic. He is walking with single point cane. He is limping trying to favor the left knee. Patient's medications include Voltaren gel and Tramadol. Per progress report dated 04/08/15, the patient is returned to modified work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 04/08/15, treater's reason for the request is "for inflammation and pain to be taken with food." The patient has been prescribed Tramadol since at least 01/14/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Tramadol. No validated instrument is used to show functional improvement. There is documentation regarding side effects but no documentation regarding aberrant drug behavior. No UDS, CURES or opioid pain contract. In this case some, but not all of the 4A's have been documented as required by MTUS. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.