

Case Number:	CM14-0152732		
Date Assigned:	09/22/2014	Date of Injury:	05/03/2012
Decision Date:	11/04/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 28-year-old female who reported injury on 05/30/2012 reportedly; when she stepped down onto the ground, she experienced a popping sensation of the right knee. The mechanism of injury, the injured worker was descending from a ladder while holding two cans of paint. The injured worker's treatment history includes x-rays, brace, MRI studies, surgery, and medications. The injured worker was evaluated on 07/02/2014 and it was documented the injured worker complained of continued marked severe low back pain and right knee pain and the medications were reportedly giving functional improvement and pain relief. Objective findings there was an antalgic gait, positive tenderness in the posterior/superior iliac spine on the right side, positive tenderness in SI joint on the left, positive muscle spasm in the Para lumbar musculature, lumbar forward flexion of 30 degrees with pain, extension 10 degrees with pain, right and left lateral tilt 10 degrees with pain, positive tenderness over the greater trochanteric bursa and over the flexor musculature and SI joint, positive Patrick test, the right knee had well healed Arthroscopic Portal with tenderness over the scar, positive out tracking, positive quadriceps atrophy, positive medial joint line tenderness, positive lateral joint line tenderness, positive patellofemoral facet tenderness, positive McMurray's test, range of motion of the knee with flexion 30 degrees secondary to pain. Medications include Omeprazole 20 mg, Tramadol ER 150 mg, and Diclofenac XR 10 mg. Diagnoses include a right knee medial meniscus tear, contracture right knee/locked knee, right knee patellar tilting, painful scar right knee, Right Knee status post Arthroscopy with Partial Medial Meniscectomy, Right Knee Status Post Medial Meniscus Tear, herniated disc lumbar spine, low back pain, low back pain secondary to antalgic gait, rule out occult pathology, bilateral hip trochanteric bursitis and left SI joint synovitis. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78..

Decision rationale: The request for Tramadol Hydrochloride ER 100mg # 60 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. There was lack of evidence of outcome measurements of conservative care such as, pain medication management or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted failed to include frequency and duration of medication. Given the above, the request for Tramadol Hydrochloride ER 100 mg # 60 is not medically necessary.