

<b>Case Number:</b>	CM13-0050973		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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 patient is a 56-year-old female who reported an injury on 03/17/2009. The patient is diagnosed with right knee degenerative joint disease postoperative. The patient was seen by [REDACTED] on 10/08/2013. The patient reported unchanged symptoms. Physical examination revealed tenderness at the joint lines as well as peripatellar region, negative McMurray's testing, 5/5 motor strength, and intact sensation. Treatment recommendations included continuation of current medications including Ultram and Lidoderm patch as well as a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the

documentation submitted, the patient has continuously utilized this medication. There is no change in the patient's physical examination to indicate functional improvement. Despite ongoing use, the patient continues to report intermittent discomfort. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.