

<b>Case Number:</b>	CM14-0011389		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 55-year-old male with a 4/15/13 date of injury. While trying to put a load in the dumpster, the patient strained the right knee with the heavy load of food refuse from the kitchen area. In a 2/4/14 progress note, the patient complained of pain in the low back and right knee with radiation to the right leg. The pain is associated with tingling in the right foot, numbness in the right leg and right foot, and weakness in the right leg. The patient rated the severity of the pain as an 8 at its best and 9 at its worst. His average level of pain in the last 7 days is an 8. The pain decreases with medications, doing exercises, bowel movements, and relaxation. The objective findings: antalgic gait, tenderness to palpation over the medial joint lines, negative anterior drawer test, negative posterior drawer test, and negative varus/valgus instability, positive McMurray's test. The diagnostic impression is derangement of posterior horn of lateral meniscus, derangement of anterior horn of medial meniscus. The treatment to date is medication management, activity modification. The patient was on Hydrocodone and Tylenol #3, and there is no indication these failed to support the patient nor that his pain is so intense as to require an additional opiate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM ER 150 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 78-81.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 2/4/14, the patient stated that his symptoms have been unchanged since the injury. With regard to functional limitations during the past month, the patient avoids socializing with friends, participating in recreation, having sexual relations, and caring for himself because of his pain. The guidelines do not support the continuous use of opioids without the documentation of significant pain reduction or improved activities of daily living. Furthermore, a urinary drug screen dated 12/13/13 was inconsistent and did not detect Ultram. Therefore, the request for Ultram ER 150 mg #30 was not medically necessary.