

<b>Case Number:</b>	CM14-0130901		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/14/1997
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 58 year-old patient sustained an injury to her knees on 8/14/1997 turning around in a chair while employed by Diversified Personnel Service. Request(s) under consideration include Ultram 50mg #100. Diagnoses list bilateral knee osteoarthritis s/p left knee meniscectomies and OATS procedure. Report of 5/14/14 from the provider noted chronic ongoing knee pain which the patient takes Ultram in 200 mg extended release and 50 mg for breakthrough pain. There was no objective findings or clinical exam documented with unchanged functional status. Assessment noted chronic knee pain with plan to continue Ultram with same dosing. The patient remained off work. Records review indicate previous IMR determination letter for post-op Ultram 50 mg and 200 mg ER at night of 4/8/14. Review noted exam findings of left knee on 3//27/14 report had knee range of 0-90 degrees with tenderness at medial joint line, patellar tendon, and parapatellar region; mild effusion; mild patellofemoral crepitus/ compression with positive McMurray's. Conservative treatment listed bracing, steroid injections, Viscosupplementation, physical therapy, medications of Ultram and modified activities/rest. There was recommendation to proceed with left TKA; however, no documentation presented in regards to recent or pending surgery. The request(s) for Ultram 50mg #100 was non-certified on 7/3/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** This 58 year-old patient sustained an injury to her knees on 8/14/1997 turning around in a chair while employed by Diversified Personnel Service. Request(s) under consideration include Ultram 50mg #100. Diagnoses list bilateral knee osteoarthritis s/p left knee meniscectomies and OATS procedure. Report of 5/14/14 from the provider noted chronic ongoing knee pain which the patient takes Ultram in 200 mg extended release and 50 mg for breakthrough pain. There was no objective findings or clinical exam documented with unchanged functional status. Assessment noted chronic knee pain with plan to continue Ultram with same dosing. The patient remained off work. Records review indicate previous IMR determination letter for post-op Ultram 50 mg and 200 mg ER at night of 4/8/14. Review noted exam findings of left knee on 3//27/14 report had knee range of 0-90 degrees with tenderness at medial joint line, patellar tendon, and parapatellar region; mild effusion; mild patellofemoral crepitus/ compression with positive McMurray's. Conservative treatment listed bracing, steroid injections, Viscosupplementation, physical therapy, medications of Ultram and modified activities/rest. There was recommendation to proceed with left TKA; however, no documentation presented in regards to recent or pending surgery. The request(s) for Ultram 50mg #100 was non-certified on 7/3/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Ultram 50mg #100 is not medically necessary and appropriate.