

Case Number:	CM14-0167642		
Date Assigned:	10/14/2014	Date of Injury:	09/09/2004
Decision Date:	12/02/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/09/2014

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 Practice and is licensed to practice in Ohio. 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 46 year old female with 3 separate dates of injury stemming from 2003 and 2004. She complains of right knee pain, neck pain radiating into the arms, and low back pain radiating into the lower extremities. She had a right knee arthroscopy in 2005 and right ankle surgery in 2014 although details were not provided. Medication details provided have been very scarce but it appears from the utilization review physician that the injured worker had been taking a combination of Norco and Ultram for pain since 2/4/2014 at least. The Ultram was not certified recently because the documentation provided did not show pain decrease or functional gains. A physical exam by the agreed medical examiner from 9-10-2014 showed normal upper and lower extremity strength, reflexes, and sensation, a negative Spurling's test and straight leg raise testing. The cervical and lumbar paraspinal musculature was tender and there was mildly decreased range of motion. The right ankle and knee revealed normal range of motion and no tenderness. The given diagnoses are neck sprain, cervical spondylosis without myelopathy, lumbar sprain, osteoarthritis and chondromalacia of the right knee, and internal derangement of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 60MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

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

Decision rationale: The cited guidelines require ongoing monitoring for pain levels, functionality, medication side effects, and any evidence of drug taking behavior for those requiring chronic opioid treatment. Opioids may be continued if the injured worker has regained employment or if pain and functionality have improved as a consequence of the opioids. In this instance, there are no submitted documents to indicate monitoring for aberrant drug taking behavior. There seems to be no indication of functional improvement or reduced pain as a consequence of Ultram. Therefore, Ultram 50 mg, #60, is not medically necessary per the referenced guidelines.