

Case Number:	CM14-0169024		
Date Assigned:	10/17/2014	Date of Injury:	12/11/2013
Decision Date:	11/19/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine 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:

There were 79 pages provided for this review. Per the records provided, the claimant was injured 12-11-13. The claimant was struck by a vehicle, and a vehicle door. The sedan struck the patient's right knee, and the right knee buckled. There was pain in the low back and right leg. He had reportedly had a torn meniscus. There was a June 7, 2014 right knee surgery. There were 16 physical therapy sessions. At the time of the initial utilization review, there is still pain. The application for independent medical review was signed 10-14-14. The request for the Ultram was non-certified. The claimant is 34 years old. Prior medicine had also been on Tramadol. The medicine was continued to help reduce pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective-Ultram 50 mg 1 tablet every 4-6 hours as needed for pain #60, (DOS: 9/4/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 12,13 83 and 113 of 127.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use is therefore not supported. The request is not medically necessary.