

<b>Case Number:</b>	CM14-0180056		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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, has a subspecialty in Pain Medicine and Manipulation 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:

The patient is a 47-year-old male who sustained an injury on 12/11/12 at which time while bringing a box weighing 40 to 50 pounds from a shelf above the head, the patient lost grip and the box fell, struck the chest and hit around the legs producing hyperextension. The patient is status post left knee surgery on March 15, 2013 and right knee surgery on August 2, 2013. The patient was seen on September 22, 2014 at which time examination revealed bilateral knee joint line tenderness with negative laxity. Gait was antalgic with the use of single point cane. The patient was diagnosed with status post left knee surgery and status post right knees meniscectomy, chondroplasty and synovectomy on August 2, 2013. Utilization Review on October 2, 2014 noncertified the request for Ultram 50 mg #60 with two refills as prescribed on September 22, 2014. The prior peer reviewer noted that at this time as an objective outcome of this medication with respect to changing pain score and function is not included, the request cannot be supported. A review of the September 22, 2014 progress report indicates that the patient has been returned to modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60 x 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, On-Going Management, Weaning of Medic.

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

**Decision rationale:** The medical records submitted for review indicate that the patient has undergone surgical intervention to his bilateral knees in 2013. The medical records indicate that the patient is currently working modified duty and is being prescribed Ultram 50 mg b.i.d. References state that opioids may be continued if there is evidence of return to work. Furthermore, it should be noted that Ultram is a synthetic opioid which is significantly safer than hydrocodone. There is no evidence of misuse with this medication. As such, the request for Ultram 50mg #60 x 2 refills is medically necessary.