

Case Number:	CM14-0023414		
Date Assigned:	09/05/2014	Date of Injury:	03/17/2009
Decision Date:	10/10/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/25/2014

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 Internal Medicine and is licensed to practice in California, North Carolina, Colorado and Kentucky. 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 57 year old female who had a work related injury on 03/17/09. The mechanism of injury is noted as tripping over a drain cover twisting her right knee while walking at work. Most recent medical record submitted for evaluation is dated 01/21/14. The injured worker is back for follow up; her symptoms are about the same. She is doing a home exercise program. Her right knee has not flared up recently. Physical examination reveals joint line tenderness with a negative McMurray's, negative Valgus and Varus instability, there is healed portals from surgical intervention, motor strength is rated 5-/5, sensory is intact at L4, L5, and S1 dermatomes, deep tendon reflexes are symmetrical at 2+ in the patellar and Achilles. Diagnoses include right knee degenerative joint disease postoperative. Treatment plan is Ultram, Lidoderm patch, and to return to clinic in three days. Prior utilization review on 01/29/14 was noncertified. Current request is for prospective request for prescription for Ultram 50 milligrams quantity sixty with two refills. In reviewing the documentation submitted for review, there are no visual analog scale (VAS) scores with and without medication. There is really no documentation of functional benefit from the use of the Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request For (1) Prescription of Ultram 50 Mg #60 With 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale (VAS) pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the prospective Request For (1) Prescription of Ultram 50 Mg #60 With 2 Refills is not medically necessary.