

Case Number:	CM14-0041527		
Date Assigned:	06/30/2014	Date of Injury:	05/18/2011
Decision Date:	08/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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:

This is a 35-year-old male with a 5/18/11 date of injury to the right knee. He underwent a medial meniscus repair in September 2011. The patient was seen on 9/12/13 and it was noted that Celebrex and Ultram were ineffective. He was on Lidoderm patches and topical Voltaren and his pain was a 4/10 on that visit. On November 1st the patient was again prescribed Ultram however it was later discontinued as the patient stated the medication was not authorized. The medication was noted to be a failed medication. He was again seen on 2/26/14 with complaints of right knee pain, which was somewhat alleviated with his medications; however the Ultram was noted to be ineffective. Exam findings revealed tenderness to palpation at the patella and medial joint line of the right knee with patellar instability. A mild effusion in the right knee joint was also noted. The patient's diagnosis is derangement of the medial meniscus. Treatment to date: right knee surgery, PT, medications, and Kenalog injections. The UR decision dated 3/27/14 denied the request given there was inadequate information with regard to the patient's pain intensity and conflicting information regarding the use of Tramadol in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg tab #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opiates Page(s): 113, 78-82.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient had right knee surgery in 2011 with a tear of the medial meniscus. His pain levels have been fairly stable, and there is a lack of documentation with regard to his prior use of Tramadol, why it is listed as a failed medication, and yet why it was again prescribed. Therefore, the request for Tramadol is not medically necessary.