

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0064611 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 08/14/1997 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 04/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/07/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with a 8/14/97 date of injury, and status post left knee meniscectomies, and OATS (Osteoarticular Transfer System) procedure. At the time (4/8/14) of request for authorization for postoperative Ultram 50 mg during the day and postoperative Ultram 200 mg extended release (ER) at night, there is documentation of subjective (left knee pain rated 7/10) and objective (left knee range of motion 0-90 degrees, tenderness at the medial joint line, patellar tendon, and parapatellar region, mild effusion, mild patellofemoral crepitus, mild pain with patellar compression, and positive McMurray) findings, current diagnoses (left knee osteoarthritis), and treatment to date (bracing, viscosupplementation, steroid injections, activity modification, physical therapy, and medications (including Ultram 50 mg during the day and 200 mg ER during at night (since at least 3/14). 3/27/14 medical report identifies a recommendation to proceed with a left TKA (Total Knee Arthroplasty). There is no documentation of a recent/pending surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg. during the day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of severe pain, as criteria necessary to support the medical necessity of opioid therapy for a short period of time. Within the medical information available for review, there is documentation of a diagnosis of left knee osteoarthritis. However, despite 3/27/14 medical's report recommendation for a left TKA (Total Knee Arthroplasty), there is no documentation of recent/pending surgery. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50 mg during the day is not medically necessary.

**Ultram 200 mg. Extend Release (ER) at night:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of severe pain, as criteria necessary to support the medical necessity of opioid therapy for a short period of time. Within the medical information available for review, there is documentation of a diagnosis of left knee osteoarthritis. However, despite 3/27/14 medical's report recommendation for a left TKA (Total Knee Arthroplasty), there is no documentation of recent/pending surgery. Therefore, based on guidelines and a review of the evidence, the request for Ultram 200 mg extended release (ER) at night is not medically necessary.