

Case Number:	CM14-0075589		
Date Assigned:	07/16/2014	Date of Injury:	05/24/2003
Decision Date:	09/17/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old female was reportedly injured on May 24, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 30, 2014, indicated that there were ongoing complaints of left knee pain and stiffness as well as G.I. upset due to Anaprox and Tramadol. The physical examination of the left knee demonstrated a slight extension lag and mild varus deformity. There was tenderness at the medial aspect. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included left knee steroid injections. A request had been made for Ultram and was not certified in the pre-authorization process on the third 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #200 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: According to the most recent progress note dated July 30, 2014, the injured employee complains of stomach upset with the use of Ultram. Additionally, a review of the

medical records indicate that the injured employee was to be weaned of this medication in November 2013, as there was no documentation of decreased pain and improved functional ability with its usage. For these reasons, this request for Ultram 50 mg is not medically necessary.