

<b>Case Number:</b>	CM14-0079898		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/06/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old man who sustained a work related injury on April 2, 2007. Subsequently, he developed right knee pain. According to a progress report dated May 1, 2014, the patient continues to complain of pain in his bilateral knee, exacerbated with cold weather and prolonged weight bearing. He has symptoms of occasional catching and locking. On examination, there is tenderness along the medial joint lines, subpatella crepitation with range of motion of the left knee, and pain with deep flexion. No effusion, warmth, or erythema is noted. The patient was diagnosed with bilateral knee arthritis and status post right knee arthroscopy. The provider requested authorization to use Ultram 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 5mg, #60 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In this

case, the treating physician does not detail the actual objective benefit from the use of this opioid. There is no justification for the use of Ultram in addition to NSAID. There is no clear description of pain severity and functional impairment that justify the use of this combination. Therefore, the prescription of Ultram 50 MG, # 60 with 2 refills is not medically necessary.