

Case Number:	CM14-0096596		
Date Assigned:	07/25/2014	Date of Injury:	10/25/1998
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 injured worker is a 58-year-old female who was reportedly injured on 10/25/1998. The mechanism of injury was not listed. The claimant underwent arthroscopic surgery of the left knee on 2/19/2003 and 6/29/2010 and right knee on 8/14/2012. The most recent progress note, dated 4/11/2014, indicated that there were ongoing complaints of bilateral knee pains. The physical examination of the left knee demonstrated tenderness to lateral joint line, no effusion, patellar femoral joint crepitation and range of motion of left knee was flexion 100 degrees, positive McMurray and patellar compression tests. Examination of the right knee demonstrated tenderness to iliotibial band and medial joint line, 2+ effusion and patellar femoral joint crepitation. Range of motion of left knee was flexion 90 degree and extension -10 degrees. There was positive McMurray test, mild thigh muscle atrophy with 4/5 quadriceps strength bilaterally. No recent available diagnostic imaging studies available. Diagnoses were knee osteoarthritis and meniscus tear. Previous medications included Naproxen. A request was made for Ultram 50mg #60 and was not certified in the pre-authorization process on 6/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological

Basis of Therapeutics, 12th Edition, McGraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com).

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term treatment of moderate to severe pain, after there has been evidence of failure of a first-line option and documentation of improvement in pain and function with this medication. Given the claimant's date of injury (1998), clinical presentation and current diagnosis, the guidelines do not support the use of this medication. As such, this request is not considered medically necessary.