

Case Number:	CM14-0199765		
Date Assigned:	12/10/2014	Date of Injury:	04/21/2010
Decision Date:	01/22/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Pain Management, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 55 year old male with date of injury 04/21/10. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain and left knee pain since the date of injury. He has been treated with arthroscopic surgery of the left knee with medial meniscectomy and partial synovectomy, physical therapy and medications. Three phase bone scan limited to the knees revealed asymmetric uptake along the lateral joint compartment of the left knee. Objective: tenderness of the lumbar spine with palpation, tenderness of the lateral joint line of the left knee with palpation. Diagnoses: lumbosacral strain, left knee pain. Treatment plan and request: Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #60 with 1 refill; 2 tablets orally b.i.d. PRN pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78, 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89..

Decision rationale: This 55 year old male has complained of low back pain and left knee pain since date of injury 04/21/10. He has been treated with arthroscopic surgery of the left knee with

medial meniscectomy and partial synovectomy, physical therapy and medications to include opioids since at least 07/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.