

<b>Case Number:</b>	CM15-0106570		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	01/18/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 55 year old male, who sustained an industrial injury on 1/18/11. He reported pain in his left knee after a trip and fall accident. The injured worker was diagnosed as having pain in joint lower leg and left knee pain. Treatment to date has included a left knee total arthroplasty on 8/19/14 and physical therapy. Current medications include Voltaren 1% gel, Colace, Diclofenac, Oxycodone, Norco and Ultram (since at least 11/6/14). A urine drug screen on 11/6/14 was negative for Ultram. As of the PR2 dated 5/14/15, the injured worker reports left knee pain. He rates his pain a 5/10 with medications and an 8/10 without medications. He is working full-time. Objective findings include left knee range of motion flexion is 95 degrees due to pain and 1+ effusion in the joint space. The treating physician requested Ultram 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60, 1 tablet twice daily as needed:** Upheld

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

**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 addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of pain and functional improvement with previous use of Ultram. There is no clear evidence of continuous monitoring of patient's compliance with his medications. There is no documentation of the medical necessity of Ultram over NSAID. Therefore, the prescription of Ultram 50mg #60 is not medically necessary.