

Case Number:	CM15-0108362		
Date Assigned:	07/22/2015	Date of Injury:	12/23/1999
Decision Date:	08/18/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on December 23, 1999, incurring bilateral knee injuries. Treatment included anti-inflammatory drugs, knee injections, pain medications, topical analgesic creams and gels, proton pump inhibitor, and rest. He underwent a right total knee replacement. Currently, the injured worker complained of bilateral knee pain with numbness and tingling occurring at night. He was diagnosed with bilateral knee osteoarthritis and right knee extension contracture post right total knee replacement. The treatment plan that was requested for authorization included a prescription for Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50 mg Qty 90 (between 4/23/15 and 7/12/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1999 and continues to be treated for bilateral knee pain and has a history of a right total knee replacement. Medications are referenced as decreasing pain from 8/10 to 5-6/10. When seen, there was decreased right knee stability. There was medial left knee tenderness. Medications were refilled including Ultram which was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and medications are providing decreased pain. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.