

Case Number:	CM15-0108912		
Date Assigned:	06/15/2015	Date of Injury:	01/09/2004
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
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 59 year old female, who sustained an industrial injury on 01/09/2004. She has reported subsequent knee pain and was diagnosed with recurrent ACL tear and status post ACL repair. Treatment to date has included oral pain medication, a home exercise program, physical therapy and surgery. In a progress note dated 05/12/2015, the injured worker complained of increasing knee pain and knee instability and that Vicodin and Ultram had decreased the pain by at least 50% and were allowing her to complete activities of daily living. Objective findings were notable for minimal swelling of the left knee with 1 mm anterior drawer sign and occasional crepitation. A request for authorization of MRI of the left knee given new complaints and Ultram with 2 refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury and continues to be treated for left knee pain. Treatments have included an ACL repair. Medications are referenced as decreasing pain by 50% with improved activities of daily living. When seen there was increasing knee pain with instability. Vicodin and Ultram were prescribed at a total MED (morphine equivalent dose) of 40 mg per day. There was swelling and crepitus. There was 1+ anterior drawer testing. An MRI scan of the knee is sensitive and specific for detecting meniscal tears or ligament injury. Criteria for obtaining an MRI include trauma with suspected ligament or meniscal injury. In this case, the claimant has had no recent trauma and physical examination findings do not support the presence of significant ligament or meniscal pathology. The request is not medically necessary.

Ultram 50mg #60 with 2 refills: Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury and continues to be treated for left knee pain. Treatments have included an ACL repair. Medications are referenced as decreasing pain by 50% with improved activities of daily living. When seen there was increasing knee pain with instability. Vicodin and Ultram were prescribed at a total MED (morphine equivalent dose) of 40 mg per day. There was swelling and crepitus. There was 1+ anterior drawer testing. 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 a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved activities of daily living. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Ultram was medically necessary.