

Case Number:	CM15-0108930		
Date Assigned:	06/15/2015	Date of Injury:	02/04/2013
Decision Date:	07/17/2015	UR Denial Date:	05/19/2015
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 64 year old female, who sustained an industrial injury on February 4, 2013. The injured worker reported fall resulting in a knee fracture. The injured worker was diagnosed as having aftercare for healing traumatic fracture of leg and aftercare of healing pathological fracture of lower leg. Treatment to date has included open reduction internal fixation (ORIF), injections, physical therapy, immobilizer and topical and oral medication. A progress note dated May 7, 2015 provides the injured worker complains of left knee pain radiating down the leg. He requests an orthopedic examination. Physical exam notes tenderness on palpation of the knee with effusion and the left leg is cold to touch. The plan includes Ultram, Vicodin and knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100 as prescribed on 5/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124.

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 in February 2013 and continues to be treated for knee pain. When seen, there was left knee tenderness and a mild joint effusion. No VAS pain score or response to the medications being prescribed is documented. Ultram and Vicodin were prescribed at a total MED (morphine equivalent dose) of less than 70 mg per day. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Vicodin ES 750-7.5mg #120 as prescribed on 5/7/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 in February 2013 and continues to be treated for knee pain. When seen, there was left knee tenderness and a mild joint effusion. No VAS pain score or response to the medications being prescribed is documented. Ultram and Vicodin were prescribed at a total MED (morphine equivalent dose) of less than 70 mg per day. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.