

Case Number:	CM15-0137410		
Date Assigned:	07/27/2015	Date of Injury:	08/14/2014
Decision Date:	08/24/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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 41 year old male, who sustained an industrial injury on August 14, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having medial meniscus tear status post partial meniscectomy and encounter for long term use of other medications. Treatment and diagnostic studies to date has included physical therapy, use of crutches, use of a brace on the left knee, magnetic resonance imaging, and a medication regimen. In a progress note dated June 24, 2015 the treating physician reports complaints of worsening pain to the knee. Examination reveals an antalgic gait to the left lower extremity, decreased range of motion and motor strength to the left knee secondary to pain and guarding, mild effusion to the left knee, and significant left medial joint line tenderness. The injured worker's current medication regimen included Naprosyn. The injured worker's current pain level was rated a 7 to 8 out of 10. The treating physician requested the medication of Ultram 50mg with a quantity of 90 with 2 refills, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 with 2 refills: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in August 2014 and continues to be treated for left knee pain after a partial meniscectomy on 01/20/15. In May 2015 pain was rated at 7-8/10. Tramadol 50 mg #90 was prescribed with 2 refills. When seen, pain was still rated at 7-8/10. Active medications only included Naprosyn. There was an antalgic gait using bilateral crutches. There was decreased knee range of motion and strength. There was joint line tenderness with an effusion. The claimant's BMI was over 31. Tramadol had been authorized but without refills. The claimant has a history of cocaine dependence. Ultram was continued, again with 2 refills. 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. 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. Prescribing a three month supply is not appropriate given the apparent lack of efficacy and substance use history. This request was not medically necessary.