

Case Number:	CM15-0143430		
Date Assigned:	08/04/2015	Date of Injury:	12/09/2011
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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: California, Indiana, New

York Certification(s)/Specialty: Internal 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 58 year old male who sustained an industrial injury on 12-9-11. He had complaints of left knee pain. Diagnostic studies include: x-ray and MRI. He was diagnosed with a fractured left kneecap. Treatments include: medications, physical therapy and surgery. Progress report dated 5-5-15 reports complaints of tenderness and pain of the left knee with limited range of motion. Diagnoses include: compression-contusion injury left knee with fractured patella and status post arthroscopic left knee resection with partial patellectomy. Plan of care includes: transfer care to orthopedist, recommend Ultram 50 mg, #60 and x-rays of the left knee. Work status: currently working. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are compression - contusion injury, left knee with fractured patella; and status post arthroscopic left knee resection with partial patellectomy. Date of injury is December 9, 2011. The request for authorization is dated May 5, 2015. According to the earliest progress note dated June 3, 2014, the treating provider prescribed tramadol 50 mg #120. A urine drug screen dated March 24, 2015 was consistent for drugs taken. Subjectively, according to the June 3, 2014 progress note, the injured worker complained of left knee pain. Objectively range of motion was decreased with tenderness. A follow-up progress note (most recent) updated May 5, 2015 contains the same subjective symptoms and objective findings prior progress note. Physical examination is incomplete. The documentation does not demonstrate objective functional improvement to support ongoing Ultram (Tramadol). There were no detailed pain assessments in the medical record. There are no risk assessments and the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Ultram, risk assessments, detailed pain assessments and a thorough physical examination of the affected knee, Ultram 50 mg #60 is not medically necessary.