

Case Number:	CM15-0149627		
Date Assigned:	08/12/2015	Date of Injury:	04/20/2004
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of April 20, 2004. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for Ultram (Tramadol). The claims administrator referenced an RFA form and an associated progress note of July 16, 2015 in its determination. The applicant's attorney subsequently appealed. On July 16, 2015, the applicant reported ongoing complaints of knee and leg pain, 3 to 7/10, exacerbated by standing, walking, activity and/or lying on the impacted knee. The applicant was on Mobic and Norco for pain relief; it was stated toward the top of the note. A trial of Ultram was employed in place of Norco, the treating provider reported. The applicant had to use Ultram for the purposes of ultimately replacing Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 94.

Decision rationale: Yes, the request for Ultram (Tramadol), a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is indicated in the treatment of moderate-of-severe pain, as was present here, on the date in question, July 16, 2015. The applicant reported highly variable 3 to 7/10 knee pain complaints on that date, exacerbated by standing, walking and lying on the impacted knee. Introduction of Tramadol was indicated on or around the date in question. The treating provider stated that the Tramadol was intended to replace previously prescribed Norco. Therefore, the first-time request for Tramadol was medically necessary.