

<b>Case Number:</b>	CM15-0192233		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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

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 injured worker is a 53 year old female, who sustained an industrial injury on 10-23-2013. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for medial meniscal tear to left knee, left knee arthroscopy, chondromalacia patella-femoral compartment of the left knee, intra-articular swelling to the left knee, and chronic pain syndrome. Treatment and diagnostics to date has included physical therapy and medications. Current medications include Tramadol (since at least 07-07-2015), Pamelor, Ventolin, Flonase, and Excedrin PM. After review of the progress note dated 09-11-2015, the injured worker presented for her second Euflexxa injection to the left knee. Objective findings included decreased swelling to the left knee. A prior progress note dated 08-06-2015; the injured worker had left knee pain rated 8 out of 10. The request for authorization dated 09-03-2015 requested Ultram 50mg #60 1-2 tablets every day as needed. The Utilization Review with a decision date of 09-17-2015 non-certified the request for Ultram 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg Qty 60, 30 day supply:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS Guidelines supports the careful use of opioid medications when there is meaningful pain relief, support of function and no drug related aberrant behaviors. Given the minor dose of opioids, the Guideline standards are adequately met. Pain relief of 20-30% for 8 hours is documented. Support of functioning is documented. Lack of aberrant behaviors is documented as use is infrequent on an as needed basis and just recently the amount recommended as been diminished to 0-1 per day. Under these circumstances, the Ultram 50 mg Qty 60, 30-day supply is/was consistent with Guidelines and is medically necessary.