

Case Number:	CM15-0192623		
Date Assigned:	10/06/2015	Date of Injury:	08/14/2014
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	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: Emergency 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 42 year old male, who sustained an industrial injury on 08-14-2014. He has reported injury to the left knee. The diagnoses have included medial meniscus tear, left knee; chondromalacia patellae; and status post left knee partial meniscectomy, on 01-20-2015. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Naprosyn, Norco, and Ultram. A progress report from the treating provider, dated 09-15-2015, documented an evaluation with the injured worker. The injured worker reported left knee pain; and the pain is rated at 7-8 out of 10 in intensity. Objective findings included antalgic gait with weight-bearing on the left lower extremity; using bilateral crutches today; motor strength of the left knee to flexion and extension is limited by pain and guarding; active range of motion of the left knee is limited by pain and guarding; mild effusion of the left knee; significant left medial joint line tenderness to palpation; and knee is guarded to test Lachman's or pivot shift test. The treatment plan has included the request for Ultram 50mg. The original utilization review, dated 09-24-2015, non-certified the request for Ultram 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The requested Ultram 50mg is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, and Tramadol, page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left knee pain; and the pain is rated at 7-8 out of 10 in intensity. Objective findings included antalgic gait with weight-bearing on the left lower extremity; using bilateral crutches today; motor strength of the left knee to flexion and extension is limited by pain and guarding; active range of motion of the left knee is limited by pain and guarding; mild effusion of the left knee; significant left medial joint line tenderness to palpation; and knee is guarded to test Lachman's or pivot shift test. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultram 50mg is not medically necessary.