

Case Number:	CM15-0193615		
Date Assigned:	10/07/2015	Date of Injury:	12/23/2013
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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 44 year old female with an industrial injury date of 12-23-2013. Medical record review indicates she is being treated for lumbar spine signs and symptoms and right knee signs and symptoms. Subjective complaints (09-01-2015) included right knee discomfort, buckling, swelling and giving way. Other complaints included low back pain with radiation to left lower extremity. Review of the 09-01-2015 progress note did not indicate a numeric pain rating, pain relief with and without medications or activities of daily living. Medications included Ultram ER since 05-14-2015. Prior treatments included 12 chiropractic treatments, physical therapy, medication, right knee aspiration and injection and home exercises. Prior medications included Motrin, Voltaren gel, Norco, Norflex and Anaprox. Objective findings (09-01-2015) of right knee exam noted tenderness to palpation, "moderate" swelling at medial lateral joint line, peripatellar, positive crepitus and positive McMurray sign. Lumbar spine exam revealed tenderness, straight leg raising sign and decreased range of motion. On 09-17-2015, the request for Ultram ER 150 mg Qty 30 was modified to Ultram ER 150 Qty 27 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 MG Qty 30: Upheld

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 for chronic pain, Opioids, specific drug list.

Decision rationale: The requested Ultram ER 150 MG Qty 30 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 lower back pain with radiation to the left lower extremity. The treating physician has documented the right knee exam noted tenderness to palpation, "moderate" swelling at medial lateral joint line, peripatellar, positive crepitus and positive McMurray sign. Lumbar spine exam revealed tenderness, straight leg raising sign and decreased range of motion. 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 ER 150 MG Qty 30 is not medically necessary.