

Case Number:	CM15-0198797		
Date Assigned:	10/14/2015	Date of Injury:	04/06/1999
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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 49 year old male, who sustained an industrial injury on 4-6-99. The injured worker was diagnosed as having bilateral knee degenerative joint disease. Medical records on 4-30-15 indicated 8-9 out of 10 pain in the bilateral knees that drops to 1-2 out of 10 with viscosupplementation injections. The physical exam (6-18-15 through 7-30-15) revealed minimal extension lag and decreased swelling and pain following the first two Orthovisc injections. As of the PR2 dated 9-10-15, the injured worker reported increasing pain, stiffness and swelling in the medial aspect of both knees. Objective findings include a "slight" varus deformity, "slight" increased Q angle, and "slight" extension lag and trace effusion. Current medications include Celebrex and Ultram (since at least 2-5-14). There is no documentation of current pain level or pain levels with and without medications. Treatment to date has included compression stockings, Orthovisc injections x 3 in 2015 and Synvisc injections in 2014. The treating physician requested Ultram 50mg #180 x 1 refill. The Utilization Review dated 9-22-15, modified the request for Ultram 50mg #180 x 1 refill to Ultram 50mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #180 with 1 refill: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50mg #180 with one refill 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 diagnosis is degenerative joint disease knee bilateral. Date of injury is April 6, 1999. Request authorization is September 14, 2015. According to a February 12, 2013 progress note, the treating provider prescribed tramadol 50 mg at that time. The instructions for use are tramadol 50 mg 1 to 2 tablets every 4 to 6 hours #200 tablets with one refill. According to the September 10, 2015 progress note, subjective complaints are increased pain and stiffness in the bilateral knees. The injured worker wears support hose. The injured worker received knee injections and the injections are wearing off with resultant increased pain. The treating provider is increasing the dose and frequency of tramadol based on the increased pain. There is no documentation demonstrating objective functional improvement. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation showing an attempt at tramadol weaning. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no documentation showing an attempt to wean tramadol, Ultram 50mg #180 with one refill is not medically necessary.