

Case Number:	CM15-0020599		
Date Assigned:	02/10/2015	Date of Injury:	11/13/2013
Decision Date:	03/27/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/04/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 39 year old male with an industrial injury dated November 13, 2013. The injured worker diagnoses include foot pain and knee pain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/8/2015, the injured worker rated his pain with medication as 5/10 and a 7/10 without medications. He reported that his quality of sleep is poor and activity level has remained the same. The treating physician noted global antalgic gait assisted by cane. Left knee exam revealed crepitus with active movement, tenderness to palpitation and a positive McMurray's test. Left ankle exam revealed surgical scar, swelling and restricted range of motion due to pain. The treating physician prescribed Ultram 50 MG #90. Utilization Review determination on January 24, 2015, modified the request to Ultram 50 MG #30 between 1/8/2015 and 3/23/2015, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80 and 88-89.

Decision rationale: The injured worker has a history of chronic left knee and ankle pain status post surgical intervention. The MTUS guidelines cited for pain management with opioids are extensive, and per the treating physician's notes, have been followed for the use of Ultram in this injured worker. Although previous recommendations had been made to wean Ultram, he has continued to have pain control and functional benefit with performing activities of daily living and improved quality of life. The injured worker has been followed in clinic and has a pain contract with periodic random urine drug screens that have been consistent with medications prescribed. At this time, he has been maintained on Ultram due to efficacy and is meeting the MTUS guidelines for follow-up of chronic pain management. The request for Ultram 50 MG #90 is medically necessary and appropriate.