

Case Number:	CM15-0035078		
Date Assigned:	03/03/2015	Date of Injury:	10/02/2014
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 31-year-old male, who sustained an industrial injury on October 2, 2014. He has reported right hand pain and bilateral knee pain. The diagnoses have included contusion of the knee, sprain/strain of the knee and leg, sprain/strain of the carpo-metacarpal joint and old disruption of the anterior cruciate ligament. Treatment to date has included medications and therapy. A progress note dated January 19, 2015 indicates a chief complaint of right hand pain and bilateral knee pain. Physical examination showed right hand swelling, decreased temperature and pain with making a fist, right knee tenderness to palpation with effusion and crepitus, and left knee tenderness to palpation. There was positive Drawer and Apply's tests. The MRI of the left knee showed anterior cruciate ligament tear while the right knee showed a complete tear of the ACL. A referral for orthopedic evaluation is pending approval. The UDS was noted to be consistent. The treating physician requested an orthopedic surgical evaluation and a prescription for Ultram 50 mg x 60/month. On February 4, 2015, Utilization Review certified the request for the orthopedic surgical evaluation and partially certified the request for a prescription for Ultram with an adjustment to a one-month supply. The California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines were cited in the decisions. On February 24, 2015, the injured worker submitted an application for IMR of a request for a prescription for Ultram 50 mg x 60/month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 93-94, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient is compliant with treatment with Tramadol. There is documentation of guidelines required UDS and functional restoration for the utilization of Tramadol. There is no aberrant behavior or adverse effect reported. There is a subjective and objective finding consistent with diagnosis of severe pain that is pending evaluation by orthopedic specialist. The criteria for the use of Tramadol 50mg #60 were met.