

Case Number:	CM15-0083153		
Date Assigned:	05/05/2015	Date of Injury:	10/23/2012
Decision Date:	06/17/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, California

Certification(s)/Specialty: 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 52 year old male, who sustained an industrial injury on 10/23/2012. Diagnoses include left medial/lateral meniscal tear status post arthroscopy and bilateral knee medial meniscus tear. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), surgical intervention (left knee arthroscopic surgery 3/06/2014), medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 10/10/2014, the injured worker reported continuing left knee pain. Physical examination of the left knee revealed well healed incisions and tenderness to palpation along the medial joint lines. Crepitus and pain were appreciated with motion. The plan of care included surgical intervention and medications and authorization was requested for Ultram dispensed on 10/10/2014. The patient sustained the injury due to cumulative trauma. The medication list include Anaprox, Protonix, Flexeril and Ultram. The patient's surgical history include left knee arthroscopy. The patient has had MRI of the left knee on 8/7/14 that revealed meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Ultram 50 mg, #120 (DOS 10/10/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Retrospective: Ultram 50 mg, #120 (DOS 10/10/2014) Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Diagnoses include left medial/lateral meniscal tear status post arthroscopy and bilateral knee medial meniscus tear. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), surgical intervention (left knee arthroscopic surgery 3/06/2014), medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 10/10/2014, the injured worker reported continuing left knee pain. Physical examination of the left knee revealed tenderness to palpation along the medial joint lines. Crepitus and pain were appreciated with motion. The patient's surgical history include left knee arthroscopy. The patient has had MRI of the left knee on 8/7/14 that revealed meniscus tear. Patient is already taking a NSAID and a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Retrospective: Ultram 50 mg, #120 (DOS 10/10/2014) is deemed as medically appropriate and necessary.