

Case Number:	CM15-0245712		
Date Assigned:	12/28/2015	Date of Injury:	11/03/2008
Decision Date:	01/29/2016	UR Denial Date:	12/16/2015
Priority:	Standard	Application Received:	12/17/2015

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: North Carolina, Georgia
 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:

This 54 year-old male sustained an industrial injury on 11-3-08. Documentation indicated that the injured worker was receiving treatment for bilateral knee pain. Previous treatment included left knee arthroscopic partial lateral meniscectomy (2009), right knee arthroscopy (4-20-15), left knee meniscectomy and chondroplasty (8-10-15), physical therapy, transcutaneous electrical nerve stimulator unit, injections, bracing, hot and cold wrap, and medications. In a progress note dated 10-7-15, the injured worker presented for follow-up. The injured worker complained of ongoing right knee stiffness and pain. The injured worker did chores "gingerly" around the house. The injured worker could walk for 30 minutes and sit for close to an hour. Physical exam was remarkable for left knee with diminished tenderness to palpation along the left knee, ongoing effusion and tenderness to palpation to the right knee with bilateral knee range of motion: extension 180 degrees and extension 130 degrees. The injured worker walked with a slight limp due to his recent surgery. The treatment plan included requesting authorization for Celebrex, Lunesta, Naproxen Sodium, Effexor, Norflex, Flexeril, Norco, and Tramadol ER. In a progress note dated 12-2-15, the injured worker was seen for follow-up. The injured worker reported that he had improved overall following his August left knee surgery. The injured worker reported that on 11-6-15, the injured worker twisted his left knee and fell with subsequent swelling, pain and loss of motion. The injured worker stated that he started limping again following the fall. The injured worker could walk for half an hour and sit up to an hour. Physical exam was unchanged. The physician documented that magnetic resonance imaging right knee (2014) showed chondromalacia and loose body that was not found during arthroscopy. The

injured worker received a left knee injection during the office visit. The treatment plan included requesting authorization for Celebrex, Aciphex, Tramadol ER "or" Ultracet. On 12-16-15, Utilization Review non-certified a request for Ultracet 37.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tramadol/Acetaminophen (Ultracet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Ultracet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicates that Tramadol is already approved. Ultracet is a medication containing Tramadol and APAP. It is inappropriate to use Tramadol and Ultracet concurrently. Ultracet is not medically necessary.