

Case Number:	CM14-0150011		
Date Assigned:	09/18/2014	Date of Injury:	09/25/2012
Decision Date:	10/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 47-year-old female with a date of injury of 9/25/12. The mechanism of injury was due to repetitive motion affecting his shoulders, knees, and low back. He has previous claims resulting in right knee surgery, right shoulder surgery, and epidural injections to the low back. On 6/26/14, he was seen for a follow-up on his knee. Since his last exam he had yet to receive his viscosupplementation for the left knee, which was authorized. On exam the left knee has a range from 0 to 130 degrees and a mild degree of crepitation, but no effusion. The diagnostic impression is osteoarthritis of the left knee joint. Treatment to date: surgery right knee and shoulder, left knee surgery 5/2013, ESI to the low back, physical therapy, medication management, home exercise program. A UR decision dated 9/10/14 denied the request for Ultram 50mg #60. The rationale for denied was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg bid prn pain #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was no documentation of functional improvement or continued analgesia with the use of Ultram. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of CURES monitoring or an opiate pain contract. Therefore, the request is not medically necessary.