

Case Number:	CM14-0166698		
Date Assigned:	10/13/2014	Date of Injury:	06/04/2011
Decision Date:	11/13/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational Medicine 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:

There were 239 pages provided for this review. The application for independent medical review was signed on September 24, 2014. It was for a prescription of Ultram 50 mg number 60 with one refill that was modified to Ultram 50 mg number 60 zero refills. Per the records provided, he is a 36-year-old man injured on June 4, 2011. He has chronic right knee pain. He is status post right knee surgery on April 11, 2014 for arthroscopic synovectomy, meniscectomy and contralateral chondroplasty. He also has a history of prior knee surgery in October 2013. The knee symptoms were about the same. Orthopedic exam was negative for instability. The patient had not used the Ultram before and the review doctor felt that a one-month trial would be appropriate instead of permitting refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultram 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram, Opioids-Criterial for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The one month trial suggested by the initial reviewer was therefore reasonable. The request for the full request including the refill is appropriately not medically necessary.