

Case Number:	CM14-0061260		
Date Assigned:	07/09/2014	Date of Injury:	09/29/2012
Decision Date:	05/27/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/02/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 41 year old female, who sustained an industrial injury on September 29, 2012. She reported low back and right knee pain. The injured worker was diagnosed as having internal derangement of the right knee, status post right knee surgery, discogenic lumbar condition with facet inflammation and radiculitis on the right side, left knee pain secondary to compensation for the right knee, depression, sleep disorder and weight gain. Treatment to date has included diagnostic studies, surgical intervention of the right knee, physical therapy, a hot and cold wrap, medications and work restrictions. Currently, the injured worker complains of continued low back pain, right and left knee pain and compensatory left hip and buttock pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 18, 2014, revealed continued pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol) and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Ultram ER 100 mg, QTY: 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for Ultram is not medically necessary.