

Case Number:	CM15-0010453		
Date Assigned:	01/28/2015	Date of Injury:	09/02/2002
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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

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 67 year old male, who sustained an industrial injury on September 2, 2002. He has reported feeling a pop in his right knee. His diagnoses include status post right total knee replacement in 2005 with chronic pain. He has been treated with pain and non-steroidal anti-inflammatory medications. Currently the injured worker has chronic right knee pain. On December 9, 2014, his treating physician reports the symptoms were unchanged from the prior visit. The physical exam revealed mild knee swelling with joint line tenderness medial and laterally. There was no knee laxity. The treatment plan includes an orthopedic evaluation and pain medication. On December 19, 2014 Utilization Review non-certified a prescription for Ultram 50mg #60 with 1 refill, noting the lack of evidence of decreased pain, increased level of function, or improved quality of life over the extended period of time of opioid medication treatment. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with status post right total knee replacement in 2005 with chronic pain. The current request is for Ultram 50mg #60 x 1 refill. The treating physician states, "Since having last been seen, symptoms unchanged. Needs medications. Celebrex and other medications have been denied. We will try him on tramadol" in a report dated 12/09/14 (175E). The MTUS guidelines state: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. In this case, based on the records available for review, it is unclear what prior medications the treating physician has prescribed and what effectiveness was provided. Prior requests for Vicodin and Celebrex have been denied. There is no quantification of pain in the progress note where Ultram is requested. There is no information indicating an opioid is appropriate for this IW. The current request is not medically necessary and the recommendation is for denial.