

Case Number:	CM15-0017620		
Date Assigned:	02/05/2015	Date of Injury:	09/26/2000
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 70-year-old female, who sustained a work related injury on 9/26/00. The diagnoses have included lumbar sprain/strain, lumbar spondylolisthesis, left knee sprain/strain, and right and left knee surgeries. Treatments to date have included oral medications including Ultram and home exercise program. In the PR-2 dated 1/14/15, the injured worker complains of intermittent to frequent pain and swelling of both knees, left worse than right. She states the cold weather makes pain worse. She rates the pain an 8/10. She states she is able to perform daily activities. On examination, the injured worker has swelling of legs, worse in left leg, tenderness in both knees, left worse than right, and decreased range of motion with both knees. On 1/27/15, Utilization Review non-certified requests for Ultram 50mg. #100 with 2 refills. The California MTUS, ACOEM 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 #100, With Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, 68th Edition, WWW.RXlist.com, Official Disability Guidelines (ODG) Workers Compensation Drug

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg #100 with no refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are sprain/strain of lumbar spine superimposed over grade 2 spondylolisthesis at L5-S1 with a 5 mm disc bulge at L5-S1; sprain/strain left knee with end-stage arthritis; status post right knee arthroscopy with partial medial meniscectomy; recurrent tear medial and lateral meniscus right knee; and status post left knee arthroplasty. Documentation from a January 14, 2015 progress note indicates the injured worker is not taking tramadol. A urine drug toxicology screen was performed October 15, 2014 that was inconsistent for Tramadol. Tramadol is absent from the urine toxicology screen. Additionally, there is no evidence of objective functional improvement. The injured worker received two Synvisc injections and refused a third. Consequently, absent clinical documentation of objective functional improvement with a negative urine drug screen for Ultram (tramadol), Ultram 50 mg #100 with no refills is not medically necessary.

Outpatient Services for Low Back Pain and Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- [https://www.acoempracguides.org/Knee Table 2, Summary of Recommendations, Knee Disorders](https://www.acoempracguides.org/Knee%20Table%20Summary%20of%20Recommendations%20Knee%20Disorders)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Office visits

Decision rationale: Pursuant to the Official Disability Guidelines, outpatient services for low back pain and the bilateral knees is not medically necessary. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is based on what medications the patient is taking since some medications such as opiates and antibiotics require close monitoring. In this case, the injured worker's working diagnoses are sprain/strain of lumbar spine superimposed over grade 2 spondylolisthesis at L5-S1 with a 5 mm disc bulge at L5-S1; sprain/strain left knee with end-stage arthritis; status post right knee arthroscopy with partial medial meniscectomy; recurrent tear medial and lateral meniscus right knee; and status post left knee arthroplasty. The documentation indicates tramadol was not present in the urine drug screen performed October 15, 2014. Documentation from a January 14, 2015 progress note indicates the injured worker is not taking tramadol. A urine drug toxicology screen was performed October 15, 2014 that was inconsistent for Tramadol. Tramadol is absent from the

urine toxicology screen. Additionally, there is no evidence of objective functional improvement. The injured worker received two Synvisc injections and refused a third. There is no documentation to suggest ongoing outpatient services/office visits are clinically indicated. Consequently, absent clinical documentation to support additional outpatient services for low back pain and bilateral knees (unspecified number) outpatient services for low back pain and bilateral knees is not medically necessary.