

Case Number:	CM15-0120045		
Date Assigned:	06/30/2015	Date of Injury:	04/25/2003
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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

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 56-year-old female, who sustained an industrial injury on 4/25/03. She has reported initial complaints of left knee injury after a fall. The diagnoses have included left knee medial meniscus tear. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and injections. Currently, as per the physician progress note dated 6/3/15, the injured worker complains of increased pain with stiffness, swelling, discomfort and limited motion of the left knee. The objective findings reveal slight extension lag, trace effusion and mild tenderness of the medial left knee. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee. The physician requested treatment included Ultram 50mg #100 with 1 refill for increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Tramadol Page(s): 88-89, 60-61, 113.

Decision rationale: Based on the 06/15/15 progress report provided by treating physician, the patient presents with left knee pain. The patient is status post partial arthroscopic meniscectomy, date unspecified. The request is for ULTRAM 50MG #100 WITH 1 REFILL. RFA with the request not provided. Patient's diagnosis on 06/15/15 included tear meniscus medial knee, left. Recent physical examination findings not provided. Examination on 06/26/14 revealed slight effusion, slight extension lag, and trace varus and tenderness medial left knee. Treatment to date has included activity modifications, diagnostics, surgery, physical therapy and corticosteroid injections. The patient has restrictions and no longer works, per 06/15/15 report. Treatment reports were provided from 09/01/08 - 06/15/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Ultram is mentioned in progress report dated 06/03/15, and closest prior progress report provided is dated 06/26/14. Per 06/03/15 report, treater states, "Due to increase in pain, [the patient] is prescribed Ultram." In this case, treater has not stated how Ultram reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding before and after analgesia, aberrant drug behavior, adverse effects, specific ADL's, etc. No UDS's, CURES, or opioid pain agreement, either. MTUS requires adequate discussion of the 4A's. If treater's intent were to initiate this opiate for chronic pain, it would be allowed by MTUS based on records concerning current medication use, aim of use, potential benefits and side effects, which have not been provided. Furthermore, there is no documentation that patient has trialed and failed other oral analgesics prior to Ultram being dispensed. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.