

Case Number:	CM15-0177544		
Date Assigned:	09/18/2015	Date of Injury:	12/18/2002
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old man sustained an industrial injury on 12-18-2002. The mechanism of injury is not detailed. Diagnoses include osteoarthritis of the right knee status post surgical intervention and left knee medial compartment degenerative joint disease status post surgical intervention. Treatment has included oral medications and surgical interventions. Physician notes on a PR-2 dated 8-6-2015 show complaints of intermittent bilateral knee pain with weakness rated 7 out of 10. The worker rates his pain without medications 7 out of 10 and with medications is 2 out of 10. The physical examination shows 2 plus tenderness over the bilateral iliotibial band and medial joint lines, right knee range of motion is 132 degrees flexion, 0 degrees extension, and the left knee is 134 degrees flexion and 0 degrees extension. Recommendations include future right knee Synvisc injections to be administered upon returning from travel, Tramadol ER refill, Anaprox, and follow up in seven weeks. Utilization Review denied a request for Tramadol refill citing a lack of evidence of significant or functional improvement with this medication, the guidelines do not support long term use of this medication, there are no exceptions to these rules supported in the documentation, prior recommendation for discontinuation was made 5-7-2015, and weaning should have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in December 2002 and is being treated for bilateral knee pain with a history of bilateral knee arthroscopic surgeries in 2003. Medications are referenced as decreasing pain from 7/10 to 2/10. When seen, there was bilateral medial knee joint line tenderness and bilateral iliotibial band tenderness. There was symmetrical range of motion. Anaprox and Ultram ER were prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultram ER (tramadol) is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.