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| <b>Case Number:</b>   | CM15-0039091 |                              |            |
| <b>Date Assigned:</b> | 03/09/2015   | <b>Date of Injury:</b>       | 06/01/2012 |
| <b>Decision Date:</b> | 04/20/2015   | <b>UR Denial Date:</b>       | 02/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/02/2015 |

### 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: Family Practice

### 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 51 year old female, who sustained a work related injury on 6/1/12. She was grabbing some trays off a table, hit her left knee on the edge of the bench and twisted it. The diagnoses have included left knee degenerative joint disease and status post left knee surgery. Treatments to date have included MRI left knee dated 3/11/13, left total knee replacement on 12/9/14, postoperative in home physical therapy, use of a continuous passive motion unit and medications. In the PR-2 dated 1/8/15, the injured worker complains of tenderness over incision scar. The range of motion in left knee is 85 degrees of flexion and extension is 0. The treatment plan by the physician is a request for authorization of Motrin and a change in Ultram dosage from ER 150mg. to 50mg. He will start outpatient postoperative physical therapy. She is to continue use of the continuous passive motion unit and he will request a psychiatric consultation for depression secondary to pain and surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain, increased level of function, or improved quality of life. According to the patient's medical records there is no documented functional improvement with the use of Ultram. Therefore this request is not medically necessary.