

Case Number:	CM15-0079246		
Date Assigned:	04/30/2015	Date of Injury:	06/01/2012
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old female, who sustained an industrial injury on 6/01/2012. Diagnoses include status post left knee arthroscopy (6/2013) with moderate to severe medial compartment osteoarthritis status post left knee total hip replacement (12/09/2014), status post left knee arthroscopy revision surgery (8/2012) with residual sprain/strain and patellofemoral arthralgia and bilateral plantar fasciitis. Treatment to date has included medications, surgical intervention diagnostics and physical therapy. Per the Primary Treating Physician's Progress Report dated 3/19/2015, the injured worker reported continued left knee pain, rated as 6/10. The pain remained the same since the last exam. Physical examination revealed 14 cm well healed surgical scar over the central right of the knee. Tenderness to palpation was present over the parapatellar region, the medial and lateral joint lines and popliteal fossa. Range of motion was flexion 111 degrees and extension 0 degrees. The plan of care included follow-up, medications and additional therapy. Authorization was requested for Ultram 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, the patient has a history of long-term use of opioid, including Norco and Tylenol #3. The patient has been using Ultram since December 2014 (after the total left knee replacement surgery) without any evidence of significant pain and functional improvement. There is no documentation of the medical necessity of Ultram over NSAID. Therefore, the prescription of Ultram 50mg #120 is not medically necessary.