

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	8/4/2012
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006991

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ultram 50 mg #90 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ultram 50 mg #90 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 23-year-old male who had an initial injury on 8/4/2012. He dislocated his right knee cap and shifted it back into place. A progress note dated 9/6/2012 documented that patient had been using over-the-counter non-steroidal anti-inflammatory drug (NSAID) type medications and wearing a right knee neoprene brace. He reported increased pain in his right knee with activities of daily living, has trouble getting restful sleep, and wakes up one to two times a night due to pain. The physical exam revealed an antalgic gait and appeared uncomfortable, wearing right knee brace. There was tenderness to palpation of the patellar tendon on the right knee and mild swelling noted. There was patellofemoral pain on range of motion, the patellar apprehension test was positive on the right, and there was no medial or lateral joint line tenderness on the right. There was no Baker's cyst on the right and McMurray and Lachman's test are negative on the right. Medial and lateral collateral ligaments are intact to varus and valgus stress on the right. The x-rays of the right knee revealed a small bony ossicle lateral to the patella. The diagnosis was right knee patellar dislocation with x-ray findings of a small bony ossicle lateral to the patella. The treatment plan included physical therapy to the right knee three times a week for four weeks, Naproxen 550 mg one tablet twice per day, Tramadol 50mg one tablet three times per day, and Medrox ointment as needed. An MRI of the right knee on 1/28/2013 revealed a linear increased signal in the posterior horn of the medial meniscus which likely reflects internal degeneration and lateral subluxation of the patella on extension with reduction during flexion. The progress report dated 5/24/2013 documented the patient was to re-start physical therapy for three weeks and have acupuncture for six weeks duration. Naproxen, Medrox, and Ultram were prescribed. An orthopedic surgery specialist recommended arthroscopic versus open patellar re-alignment due to persistent symptoms and failure to improve.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Ultram 50 mg #90 :**Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Opioids, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 75, 82, 93-94, and 113, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and is not recommended as first-line oral analgesic. Central analgesics such as Ultram are reported to be effective in managing neuropathic pain but opioids are not recommended as first-line therapy for neuropathic pain. A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; and (3) treatment of neuropathic cancer pain. The records provided for review indicate that the employee was started on Tramadol on the first evaluation and he has been continued on this medication. According to the guidelines, Ultram is not a first-line oral analgesic. In addition, there is inadequate documentation for its continued use for management of the employee's medical condition. **The request for Ultram 50mg #90 is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.