

Case Number:	CM13-0047877		
Date Assigned:	12/27/2013	Date of Injury:	08/07/2009
Decision Date:	03/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male who reported an injury on August 07, 2009, specific mechanism of injury not stated. The patient presents for treatment of the following diagnosis, bilateral knee degenerative joint disease. The clinical note dated October 07, 2013 reports that the patient presents with continued complaints of pain, stiffness, and swelling to the bilateral knees. The provider documents the patient is a surgical candidate for a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 prescribed on October 08, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Opioids; and Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: The clinical documentation submitted for review fails to provide evidence of the efficacy with the patient's current medication regimen. The clinical notes did not indicate a specific decrease in the patient's rate of pain on a Visual Analog Scale or increase in objective functionality as the result of utilizing the requested medication. The California MTUS

Guidelines state "4 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 for documentation of the clinical use of these controlled drugs." Given all of the above, the request for Norco 10/325mg prescribed on October 08, 2013 is not medically necessary or appropriate.

Ultram ER 150mg, #30 prescribed on October 08, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Opioids; and Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74,93-94.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. The California MTUS Guidelines state, "it is an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 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 for documentation of the clinical use of these controlled drugs." The clinical documentation submitted for review fails to provide evidence of the efficacy with the patient's current medication regimen. The clinical notes did not indicate a specific decrease in the patient's rate of pain on a Visual Analog Scale or increase in objective functionality as the result of utilizing the requested medication. Given all of the above, the request for Ultram ER 150mg, #30 prescribed on October 08, 2013 is not medically necessary or appropriate.