

Case Number:	CM14-0104946		
Date Assigned:	07/30/2014	Date of Injury:	04/19/2012
Decision Date:	09/25/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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 49 year-old male with the date of injury of 04/19/2012. The patient presents with pain in his lower back and left knee, worse by prolonged walking, standing or bending his left knee. The patient describes his pain as aching and stabbing. There is swelling in medial aspect of the patient's left knee and tenderness over medial and lateral joint line. The patient rates his pain as 7-9/10 on the pain scale, depending on the intake of pain medication. Xray of left knee from 11/05/2013 demonstrates degenerative changes. The patient is currently taking Ultracet, Tramadol, Omeprazole and Naproxen sodium. According to [REDACTED] report on 06/05/2014, diagnostic impressions are: 1) Left knee pain 2) S/P arthroscopy surgery of left knee 3) Chronic pain syndrome 4) Osteoarthritis of left knee The utilization review determination being challenged is dated on 06/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/27/2014 to 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation; Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS (MTUS Page(s): 88,89).

Decision rationale: MTUS guidelines state that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. [REDACTED] report on 04/24/2014 states that "Tramadol ER was significantly more effective than placebo in providing pain relief, functional improvements, and improved quality of life. It exhibited a predictable safety profile in patients with chronic low back pain." There is no indication of exactly when the patient began taking Tramadol or how Tramadol has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the request is not medically necessary.

Ultracet 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation; Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88,89.

Decision rationale: MTUS guidelines state that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Ultracet or how Ultracet has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the request is not medically necessary.