

Case Number:	CM14-0161145		
Date Assigned:	10/06/2014	Date of Injury:	10/04/2011
Decision Date:	12/02/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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 Internal Medicine and is licensed to practice in Louisiana. 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 injured worker is a 48-year-old male who reported an injury on 04/17/2012 due to cumulative trauma. On 08/21/2014, the injured worker presented with constant bilateral knee pain, constant neck pain, left elbow radiating pain to the left upper extremity, and constant lower back pain. On examination, the injured worker had a slow, guarded gait that was nonlimping and nonfavoring. Examination of the neck revealed midline tenderness extending from the C2 to C6. There was no tenderness noted. Examination of the midback revealed midline tenderness extending from the T2 to T4. Examination of the right and left knee revealed tenderness over the medial lateral anterior aspect of the right and left knee. Examination of the right and left shoulder revealed tenderness over the anterior posterior aspect of the right and left shoulder, right more than left. Diagnoses were bilateral knee internal derangement, possible lumbar discogenic pain/possible bilateral lumbar facet pain L4-5, L5-S1/possible lumbar sprain/strain pain, bilateral lower leg pain with bilateral ankle pain, possible cervical discogenic pain, bilateral shoulder pain (right more than left), right cervical radicular pain, and left forearm, left wrist and hand pain/bilateral wrist pain. Prior therapy included medications. The provider recommended Ultram 150 mg (1 tab a day) with a quantity of 30 and no refills. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg, 1 tab a day #30 no refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Ultram 150mg, 1 tab a day #30 no refills is not medically necessary. The California MTUS recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker received Norco, Anaprox, and Voltaren Gel and had greater than a 50% relief of pain. He was placed on Ultram ER to provide continuous pain relief. As such, medical necessity has been established.