

Case Number:	CM14-0180091		
Date Assigned:	11/04/2014	Date of Injury:	02/18/2010
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

57 year old female injured worker with date of injury 2/18/10 with related neck, low back, left knee, and left ankle pain. Per progress report dated 9/3/14, the injured worker reported that pain worsened with activity. She was intolerant of some activities due to the knee and ankle pain. There was intermittent swelling in her ankle and sometimes a feeling that it would give out. Per physical exam, there was a slightly antalgic gait favoring her left lower extremity. Cervical and lumbar range of motion were somewhat decreased. There was spasm with guarding on palpation at the base of the cervical and lumbar spine. The left knee was tender along the medial joint line and inferior to the joint line. There was full range of motion in the left ankle with swelling and tenderness at the inferior and lateral aspect. Treatment to date has included knee injections, physical therapy and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Ultracet 37.5/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's (Analgesia, activities of daily living, adverse side effects, and any 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." While the documentation submitted indicates that the injured worker receives benefit from this medication without side effects, the request with 1 refill does not allow for timely ongoing reassessment of medication effectiveness. The request is not medically necessary.

. Prescription for Tramadol/APAP 37.5/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's (Analgesia, activities of daily living, adverse side effects, and any 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." While the documentation submitted indicates that the injured worker receives benefit from this medication without side effects, the request with 1 refill does not allow for timely ongoing reassessment of medication effectiveness. The request is not medically necessary.