

Case Number:	CM14-0180837		
Date Assigned:	11/05/2014	Date of Injury:	01/07/2009
Decision Date:	12/11/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 68-year-old female with a 1/7/09 date of injury. She injured both knees when she tripped and fell. According to a progress report dated 10/16/14, the patient stated that her left knee still hurt. She may need left knee viscosupplementation injections. The provider has initiated Ultram, in addition to the patient's current pain medication regimen, which consisted of Norco and Soma. Objective findings: minimal bending, squatting, and kneeling. Diagnostic impression: primary localized osteoarthritis of lower leg, unspecified derangement of medial meniscus, status post left knee meniscectomy with possible chondroplasty on 5/9/14. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/28/14 denied the requests for Norco and Ultram. CA MTUS does not recommend opioids as a first-line of therapy for osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the quantity of medication requested is not noted. Therefore, the request for Norco 10/325 mg is not medically necessary.

Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates; Tramadol Page(s): 78-81; 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, this is an initial request for Ultram for this patient. There is no documentation of significant pain reduction or improved activities of daily living from the patient's previous opioid use. In addition, this patient is also currently taking Norco. Guidelines do not support the use of multiple short-acting opioid analgesic medications. In addition, there is no documentation of initiating an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the quantity of medication requested is not noted. Therefore, the request for Ultram 50mg is not medically necessary.