MAXIMUS Federal Services

Case Number:	CM14-0050241		
Date Assigned:	06/25/2014	Date of Injury:	09/09/1997
Decision Date:	08/14/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 Medicine and is licensed to practice in California and Nevada. 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 57 year old male injured on 09/09/97 as a result of cumulative trauma. Current diagnoses include low back pain, lumbar degenerative disc disease, lumbar spondylosis, severe spinal stenosis at the L5-S1 level, bilateral foraminal stenosis L4 to L5 and L5 to S1 levels, left knee pain, and status post left knee partial replacement. The documentation indicates the injured worker continues to complain of low back and left knee pain rated at 8/10 without medications and 6/10 with medications. It is noted the injured worker attends the gym on a daily basis with utilization of the pool and walking for exercise. Physical examination reveals active range of motion of the left knee within normal limits, normal strength and reflexes of the lower extremities, slightly antalgic gait, and permanent work restrictions noted. The injured worker has undergone prior left knee replacement, acupuncture, physical therapy, and medication management. Medications include Lyrica, Norco, Ultram, Voltaren gel, and Ambien. The initial request for Ultram ER 300mg daily, quantity 30 days, 30 wean with target of completely off the medication duration 3 months to achieve weaning target was initially non-certified on 03/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 300 mg. daily, QTY 30 days, 30 wean with target of completely off the medication duration 3 months to achieve weaning target: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): : 80; Weaning of Medications - Page 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: As noted on page 124 of the Chronic Pain Medical Treatment Guidelines, a slow taper is recommended to decrease withdrawal symptoms. However, there is no discussion in the documentation regarding the intent to wean the injured worker from opioid medications. As such, the request for Ultram ER 300 mg daily, Quantity 30 days, 30 wean with target of completely off the medication, duration 3 months to achieve weaning target cannot be recommended as medically necessary.