

<b>Case Number:</b>	CM14-0190525		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Rehab, 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 24-year-old female with a date of injury of 07/04/2012. This patient is status post right knee arthroscopy with excision of medial parapatellar plica and patellar chondroplasty on 02/05/2014. Treatment to date has included physical therapy, right arthroscopy, chiropractic treatment, bracing, medications, HEP, postop cortisone injection, and opioid medications. According to progress report dated 10/03/2014, the patient presents with complaints of low back pain rated as 10/10, right knee pain that is rated as 10/10, and numbness and paresthesia in the right leg. Examination revealed positive straight leg raise, Kemp's test, and Bragard's in the right knee. Patellar tracking test was positive with crepitus. Range of motion was noted as decreased. The listed diagnoses are: 1. Derangement of right knee. 2. Rule out HNP, lumbar spine. 3. Lumbar subluxation. The patient will begin modified work duty between 10/05/2014 and 12/01/2014. Request for authorization (RFA) dated 10/20/2014 made a request for medications and noted "see attached report dated 10/20/2014." The medical file provided for review does not include a report from this date. This is a request for Ultram ER and Norco 10/325 mg. The Utilization Review denied the request on 11/03/2014. Treatment reports from 03/24/2014 to 10/03/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids; medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

**Decision rationale:** This patient presents with continued right knee and low back pain. The current request is for Ultram ER 100 mg #60. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 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. Review of the medical file indicates the patient has been utilizing Ultram since at least 08/01/2014. According to report 08/01/2014, the patient is to continue Ultram and Norco as prescribed and a urine drug screen was administered. Report dated 08/28/2014 notes that patient "does notice considerable benefit from the use of medication." Recommendation was for patient to continue medications. Report 10/03/2014 notes the patient's low back pain and knee pain is rated as 10/10. There was no further discussion regarding medications. In this case, recommendation for further use of Ultram cannot be supported as the treating physician provides no discussion regarding functional improvement, changes in ADLs, or change in work status to show significant functional improvement with taking medications. In addition, there are no before and after scales provided to show analgesia Last pain scale provided noted current pain as 10/10 despite medications. Other than urine toxicology, other issues are not addressed such as CURES, early refills/medications, lost medications, etc. In this case, the treating physician has not provided adequate documentation addressing the 4 A's that are required by MTUS for opiate management. The requested Ultram is not medically necessary and recommendation is for slow weaning per MTUS.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids; medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

**Decision rationale:** This patient presents with continued right knee and low back pain. The current request is for Norco 10/325 #60. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 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. Review of the medical file indicates the patient has been utilizing Norco since at least 08/01/2014. According to report 08/01/2014, the patient is to continue Ultram and Norco as prescribed and a urine drug

screen was administered. Report dated 08/28/2014 notes that patient "does notice considerable benefit from the use of medication." Recommendation was for patient to continue medications. Report 10/03/2014 notes the patient's low back pain and knee pain is rated as 10/10. There was no further discussion regarding medications. In this case, recommendation for further use of Norco cannot be supported as the treating physician provides no discussion regarding functional improvement, changes in ADLs, or change in work status to show significant functional improvement with taking medications. In addition, there are no before and after scales provided to show analgesia. Last pain scale provided noted current pain as 10/10 despite medications. Other than urine toxicology, other issues are not addressed such as CURES, early refills/medications, lost medications, etc. In this case, the treating physician has not provided adequate documentation addressing the 4 A's that are required by MTUS for opiate management. The requested Norco is not medically necessary and recommendation is for slow weaning per MTUS.