

Case Number:	CM14-0198058		
Date Assigned:	12/08/2014	Date of Injury:	04/14/1989
Decision Date:	03/03/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year-old male who has reported, neck, back, and knee pain; and mental illness, after an injury on 4/14/1989. The mechanism of injury is not given in the medical records. Diagnoses include cervical spondylosis, status post right knee arthroscopy, tricompartmental knee arthropathy and lumbar discogenic pain. The medical records include reports from a home services vendor which performed regular housekeeping, custodial services, and meal preparation from April to October 2014. Reports from the treating psychiatrist document ongoing depression and use of psychiatric medications, including Effexor. There is no information regarding the use of opioids. There are brief mentions of his ability to perform light activity, with limitations due to pain. Reports from the physician prescribing tramadol are from 6/12/14 and 9/11/14. These reports refer to unspecified pain relief and functional improvement with unspecified medications. There was ongoing multifocal pain. There was no work status. There was no discussion of the specific intake patterns or results for tramadol or any other medications. The treatment plans included ongoing tramadol, Voltaren, Prilosec, unorthodox topical compounds, and a heating pad. The treating physician has stated that the treatment plans are in accordance with the MUS, the Official Disability Guidelines, and other [unspecified] national guidelines. No specific portions of any guideline were cited. On 10/21/14 Utilization Review partially certified a prescription for tramadol, noting the lack of prescribing according to the MTUS, and that the MTUS does not support long term use of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg, 1 tab BID, quantity 60, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Work status, or an equivalent discussion of function, is not addressed. Function appears to be poor, as the injured worker seems to be requiring regular assistance at home for even very light home activities. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. Per the MTUS, there is minimal evidence in support of long term opioids for arthritis, and treatment guidelines should be followed. There is no record of a urine drug screen program, as is recommended in the MTUS and other guidelines. Tramadol has been prescribed simultaneously with an SNRI (Effexor). There are significant risks due to toxicity and this has not been addressed by the treating physician. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.