

Case Number:	CM15-0106288		
Date Assigned:	06/10/2015	Date of Injury:	04/25/2009
Decision Date:	07/14/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 04/25/2009. According to a progress report dated 05/20/2015, the injured worker had been having intractable pain in her left knee that ranged from 8-10 on a scale of 1-10 without medications. She reported that her left knee gave out on her and she fell. She thought she had broken her left arm and left hand fingers initially. She was getting frequent pain and numbness in her left leg and noted that her left leg had been getting weaker. She had constant upper and lower back pain that varied from 6-8 without medications. She reported 60-80 percent improvement in both her overall pain and ability to function with her current medications which decreased her pain to 2-3 and allowed her to perform activities of daily living with less discomfort such as sitting, bending, lifting, bathing, cooking, sleeping and socializing. She had been feeling severely depressed and noticed moderately severe problems sleeping without medications. Assessment included status post arthroscopic surgery left knee on 11/11/2014, chronic myofascial pain syndrome thoracolumbar spine (secondary injury due to antalgic gait) and secondary depression due to the first two diagnoses. The injured worker received trigger point injections. The treatment plan included orthopedic consultation regarding repeat surgery to the left knee due to abnormalities noted on MRI, EMG/NCV (electromyography/nerve conduction velocity) study due to pain, numbness and weakness of the left leg and Ultram 50mg #90 with 1 refill, Celebrex 200mg #60 with 1 refill and Tramadol ER 50mg. Currently under review is the request for Norco 10/325mg quantity unknown, Ultram 50mg quantity 180 and Celebrex 200mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty (unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydorcodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note on 5/14/2015 noted the patient has worsening pain of the right knee despite taking current pain medication. Furthermore, there is some inconsistent urine drug screen test from 7/14/2014, which has not been adequately addressed by the ordering provider. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydorcodone/acetaminophen) is not medically necessary.

Ultram 50 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note on 5/14/2015 noted the patient has worsening pain of the right knee despite taking current pain medication. Furthermore, there is some inconsistent urine drug screen test from 7/14/2014, which has not been adequately addressed by the ordering provider. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.

Celebrex 200 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex is not medically necessary.