

<b>Case Number:</b>	CM15-0017627		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 40 year old female, who sustained a work/ industrial injury to the left knee on 5/5/10 as a group counselor. She has reported symptoms of left knee pain with numbness and tingling sensation. Prior medical history was noncontributory. The diagnoses have included patellofemoral inflammation of the left knee. Treatments to date included medication, knee injections, physical therapy, and surgery included left knee diagnostic arthroscopy and resection of medial plica. Diagnostics included internal derangement of knee. The physician's medical treatment report (PR-2) of 9/12/14 indicated left knee pain that physical therapy was helpful for. The IW reported difficulty with sleeping due to orthopedic injury. Medications ordered were Flexeril, Tramadol ER, Protonix, Naproxen, Trazodone, Terocin patches, and LidoPro lotion. On 12/17/14, the PR-2 noted that the injection was ineffective for pain relief and there was continued pain, limping, and stiffness. There was tenderness along medial and lateral joint line of the left knee with crepitation with range of motion and positive McMurray's medially. On 1/15/15, Utilization Review non-certified (Retro DOS 12/17/14) Ultracet 37.5/325 mg #60, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 2/17/14): Ultracet 37.5/325 QTY 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 78, 80, 81 and 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Ultracet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.