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| Case Number: | CM15-0139276 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 10/25/1965 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 07/03/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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

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(n) 71 year old male, who sustained an industrial injury on 10/25/65. He reported pain in his knees. The injured worker was diagnosed as having osteoarthritis of the lower leg and degenerative joint disease of the knees. Treatment to date has included a knee brace, Aspirin and Acetaminophen-Tramadol. On 4/27/15 the injured worker was evaluated by an orthopedic surgeon who recommended a bilateral total knee replacement. The injured worker declined surgery. As of the PR2 dated 6/13/15, the injured worker reports pain in both knees. Objective findings include no swelling or erythema in both knees. The treating physician requested Acetaminophen-Tramadol 325-37.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Acetaminophen/Tramadol 325/37.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88,89.

Decision rationale: The patient presents on 06/13/15 with unrated bilateral knee pain. The patient's date of injury is 10/25/65. Patient has no documented surgical history directed at this complaint. The request is for 60 ACETAMINOPHEN/TRAMADOL 325/37.5MG. The RFA is dated 06/18/15. Physical examination dated 06/13/15 does not include any positive physical findings, only subjective complaints of bilateral knee pain and no swelling or erythema noted in the bilateral knees. The patient is currently prescribed Aspirin, Bystolic, Amlodipine Besylate, Astorvastatin, and Ultracet. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 - 89 states, "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. In regard to the continuation of Ultracet for this patient's chronic knee pain, the treater has not provided adequate documentation of efficacy to continue it's use. Per progress report dated 06/13/15, there is no documentation of analgesia, no specific functional improvements, no discussion of urine drug screening, and no statement of a lack of aberrant behavior. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.