

Case Number:	CM15-0160683		
Date Assigned:	08/27/2015	Date of Injury:	03/14/1994
Decision Date:	10/02/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 77-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 14, 1994. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve requests for Ultram, Norco, and liver (hepatic) function test. The claims administrator referenced a July 21, 2015 RFA form and an associated progress note of the same date in its determination. The claims administrator contended that it had not been furnished with the results of prior hepatic function test results and went on to deny the same. The applicant's attorney subsequently appealed. In a December 10, 2014 progress note, the applicant reported ongoing complaints of knee pain. The applicant was apparently receiving social security pension and/or Disability Insurance benefits, the treating provider reported. Highly variable 3-9/10 knee pain complaints were noted, exacerbated by activity. Norco was endorsed. The applicant's complete medication list was not furnished, however. On April 6, 2015, the attending provider again acknowledged that the applicant was unchanged. The attending provider stated that the applicant was receiving social security disability and/or pension benefits. Ongoing complaints of knee pain were reported. Norco and diclofenac were endorsed. The applicant's complete medication list was not, however, seemingly attached. 3-9/10 constant knee pain complaints were noted, exacerbated by activity. Blood test was sought to evaluate the applicant's hepatic function. Little seeming discussion of medication efficacy transpired. The applicant was described as having ongoing issues with knee degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultram, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working; it was acknowledged on April 6, 2015. The applicant was receiving social security pension and/or disability benefits, it was reported on that date. Pain complaints as high as 8-9/10 were evident on the date, exacerbated by any form of activity, the treating provider acknowledged. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing opioid usage, including Ultram usage. The attending provider's progress note of April 6, 2015, like multiple other progress notes, moreover, did not outline the applicant's complete medication list and failed to incorporate much in the way of discussion of medication efficacy. Therefore, the request was not medically necessary.

Norco 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 4) On-Going Management Page(s): 80; 78.

Decision rationale: Similarly, the request for Norco, a second short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider's documentation did not clearly state why the applicant was being furnished with two separate short-acting opioids, Norco and Ultram (tramadol). The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on April 6, 2015 and was apparently receiving either social security pension or disability benefits, it was reported on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

One (1) blood tests to check liver function: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Finally, the request for a blood test to check the applicant's liver function was medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring of applicants on NSAIDs include periodic assessment of CBC and chemistry profile to include liver and renal function testing. Here, the applicant was reportedly using oral diclofenac, it was reported on April 6, 2015, along with a variety of other medications processed in the liver, including Norco. Assessment of the applicant's liver (hepatic) function was, thus, indicated to ensure that the applicant's hepatic function levels were consistent with current prescribed medications. Therefore, the request was medically necessary.