

Case Number:	CM15-0165695		
Date Assigned:	09/03/2015	Date of Injury:	09/23/2002
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

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 (IW) is a 66-year-old male who sustained an industrial injury on 09/23/2002. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having multiple bilateral internal derangement of the knee, lumbosacral spine disk syndrome with strain, sprain disorder and radiculopathy, bilateral hip strain, sprain disorder secondary to the lumbosacral spine injury, chronic pain syndrome with idiopathic insomnia. Treatment to date has included medications and urine toxicology monitoring. Currently, the injured worker complains of continued low back pain into the bilateral lower limb, bilateral knee and hip. Objectively there was reduced range of motion of the lumbosacral spine in all planes with reduced range of motion of the knees bilaterally in all planes and tenderness in the medial aspect of both knees. He had tender painful bilateral lumbosacral paraspinal muscle spasms. The treatment plan included continuation of Norco for generalized discomfort, Soma for muscle spasm, and Ultracet for relief of break through pain. Anaprox was ordered once daily by mouth, and Lunesta was ordered as needed for insomnia. A request for authorization was submitted for One (1) prescription for Tramadol HCL/ Acetaminophen 37.5/325mg #120. A utilization review decision (08-11-2015) declined the request for tramadol/acetaminophen as not medically warranted at this time secondary to continuing use of Norco 10/325, and no documentation of pain or functional improvement with continued opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Tramadol HCL/Acetaminophen 37. 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2002. He continues to be treated for bilateral knee and radiating low back pain. When seen, there was decreased lumbar spine and knee range of motion. There was medial knee tenderness bilaterally. There was decreased lower extremity strength and sensation. Ankle reflexes were absent. There was lumbar spine tenderness with muscle spasms. Norco and Ultracet were being prescribed. The total MED (morphine equivalent dose) was 70 mg per day. A good but partial response to treatment is referenced. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain with reporting of VAS pain scores, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.