

Case Number:	CM15-0180774		
Date Assigned:	09/22/2015	Date of Injury:	03/16/2007
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on March 16, 2007. The injured worker was evaluated on July 16, 2015. He complained of constant left knee pain which he rated a 5-8 on a 10-point scale without medications. He continued to have significant pain despite surgical intervention. He reported low back pain which he rated a 4-8 on a 10-point scale without medications. His pain radiated to his left shoulder. His previous pain rating on May 11, 2015 was left knee pain of 5-8 on a 10-point scale without medications and low back pain 4- 8 on a 10-point scale without medications. His medications included Naprosyn 500 mg, Ultram 50 mg. He had used Naprosyn and Ultram since at least March 2, 2015. Previous use of glucosamine was not effective. He had subacromial steroid injection on April 14, 2015, which improved his left shoulder pain 50-60%. The injured worker had physical therapy and home exercise program instructions. A urine drug screen performed on July 16, 2015, which documented inconsistent results, related to prescribed medications. The evaluating physician provider noted on July 16, 2015 that the drug screen did not show any non-prescribed medications. The injured worker was diagnosed as having left knee internal derangement, left shoulder pain, possible lumbar discogenic pain, possible bilateral lumbar facet pain and possible lumbar sprain-strain. A request for authorization for Ultram 50 mg bid-tid prn #120 (2 month supply) was received on August 17, 2015. On August 18, 2015, the Utilization Review physician modified Ultram 50 mg bid-tid prn #120 (2 month supply) to Ultram 50 mg bid-tid prn #60 (1 month supply) for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg bid-tid prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain and function in response to opioid use to substantiate the medical necessity for Ultram. The records state he found ultracin beneficial but this is not adequate to substantiate the need for continued use of Ultram. There is no measured quantifiable reduction in pain or improvement in function in response to Ultram to justify the continued use of Ultram. Therefore, the request is not medically necessary.