

Case Number:	CM15-0187003		
Date Assigned:	09/29/2015	Date of Injury:	12/09/2011
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/23/2015

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:

This injured worker is a 62 year old female who reported an industrial injury on 12-9-2011. Her diagnoses, and or impressions, were noted to include: chronic left knee pain; left knee joint injury and effusion; complex regional pain syndrome of the lower limb; chronic pain syndrome associated with significant psychosocial dysfunction. No current imaging studies were noted. Her treatments were noted to include left total knee replacement (3-2013), with revision (4-2014), and medication management with toxicology studies. The pain management progress notes of 8-25-2015 reported: a recheck of transition into care from a different physician, with review of summary of care; a constant, severe and worsening burning-type left knee joint pain following 2 different knee joint surgeries and multiple knee joint injections prior to, after, and in-between knee joint surgeries; that the pain was exacerbated walking, with limited ability to do her activities of daily living; and that a few different joint replacement orthopedic surgeons stated that she would not be improved by surgery. The objective findings were noted to include: obesity, fatigue, tiredness and weakness; joint and muscle pain rated 9 out of 10; that her "DAL" and "QOL" had improved since the last visit; pain controlled well and stable with current regiment, due to current treatment being provided; that a consent form was reviewed and signed, that she wished to continue her current treatment which would be monitored on a monthly basis, and that monthly refills of her opioid medications would be provided for moderate-severe unicompartamental osteoarthritis of the knee. The physician's requests for treatment were noted to include the start of Tramadol HCL 50 mg, #60, and Norco 5-325 mg, 1 tablet twice a day as needed, #60 for chronic left knee pain. Tramadol was listed as part of her current medication

regimen, without Norco, however the 6/26/2015 progress notes show Norco 10-325 mg twice a day, as needed being part of her current medication regimen, without Tramadol by her previous pain management physician. The Request for Authorization for APAP-Hydrocodone Bitartrate 325-5 mg, #60, and Tramadol HCL 50 mg, #60 was not noted in the medical records provided. The Utilization Review of 9-9-2015 non-certified the request for APAP-Hydrocodone Bitartrate 325-5 mg, #60, and Tramadol HCL 50 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325 mg Qty 60, 30 day supply: 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, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone/APAP 5/325 mg Qty 60, 30 day supply is not medically necessary and appropriate.

Tramadol HCL (hydrochloride) 50 mg Qty 60, 30 day supply: 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, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids with persistent severe pain. The Tramadol HCL (hydrochloride) 50 mg Qty 60, 30 day supply is not medically necessary and appropriate.