

Case Number:	CM15-0191675		
Date Assigned:	10/29/2015	Date of Injury:	05/14/2007
Decision Date:	12/10/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/29/2015

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 47 year old man sustained an industrial injury on 5-14-2007. Diagnoses include internal derangement of the left knee status post two surgical interventions, right knee sprain, and depression due to pain. Treatment has included oral medications including Effexor (since 2-25-2015), Naproxen (since at least 7-2013), Tramadol (since at least 7-2013), and Norco (since 5-21-2014), surgical intervention, and use of a cane. Physician notes dated 8-12-2015 show complaints of right knee pain with a recent trip and fall. The physical examination shows tenderness in the right knee along the lateral and medial joint line with extension and flexion at about 125 degrees. The left knee range of motion is noted to be extension 170 degrees and flexion 120 degrees with tenderness more on the medial than lateral joint line.

Recommendations include Naproxen, AcipHex, Tramadol, Norco, Trazadone, and follow up in two months. Utilization Review denied a request for Norco and Tramadol on 8-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for NORCO 10/325 MG #60. Treatment history includes two left knee surgeries (most recent on 05/16/14), TENS, hot and cold wrap, physical therapy, oral medications, and use of a cane. The patient is not working. MTUS, Criteria for Use of Opioids Section, pages 88 and 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, Criteria for Use of Opioids Section, 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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 10/14/15, the patient "is doing well in terms of left knee; however, he developed right knee pain, which has not been addressed or accepted as a part of the claim." The physical examination showed tenderness in the right knee along the lateral and medial joint line with extension and flexion at about 125 degrees. The left knee range of motion is noted to be extension 170 degrees and flexion 120 degrees with tenderness more on the medial than lateral joint line. Review of the records show a UDS from 04/10/15. The patient has been prescribed Norco since 05/21/14, but has not been taking it consistently as it was previously denied. Six months of progress reports were reviewed, between 04/08/15 and 10/14/15. In this case, recommendation for further use cannot be supported as the treater has not provided any specific functional improvement, changes in ADLs or change in work status to document significant improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Tramadol ER 150 mg #30: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for TRAMADOL ER 150 MG #30. Treatment history include two left knee surgeries (most recent on 05/16/14), TENS, hot and cold wrap, physical therapy, oral medications, and use of a cane. The patient is not working. MTUS, Criteria for Use of Opioids Section, pages 88 and 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, Criteria for Use of Opioids Section, 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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale."MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 10/14/15, the patient "is doing well in terms of left knee; however, he developed right knee pain, which has not been addressed or accepted as a part of the claim." The physical examination showed tenderness in the right knee along the lateral and medial joint line with extension and flexion at about 125 degrees. The left knee range of motion is noted to be extension 170 degrees and flexion 120 degrees with tenderness more on the medial than lateral joint line. Review of the records show a UDS from 04/10/15. The patient has been prescribed Tramadol since 2013. Six months of progress reports were reviewed, between 04/08/15 and 10/14/15. In this case, recommendation for further use cannot be supported as the treater has not provided any specific functional improvement, changes in ADLs or change in work status to document significant improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.