MAXIMUS Federal Services

Case Number:	CM15-0196654		
Date Assigned:	10/12/2015	Date of Injury:	02/07/2013
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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, Massachusetts
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 injured worker is a 47 year old female with a date of injury on 02-07-2013. The injured worker is undergoing treatment for contusion of right lower leg, contusion of right knee, knee sprain-strain on the right, depressive disorder, degeneration of intervertebral discs, and lumbago. A physician note dated 08-18-2015 documents his pain is the same as on her last visit and rates it a 3.5 out of 10. She is taking her medications as prescribed. A physician progress noted dated 08-27-2015 discusses a diagnostic and or therapeutic arthroscopy, and possible unicompartmental knee replacement. A physician progress note dated 09-18-2015 documents the injured worker complains of worsening pain. On examination, there is lumbar paraspinal muscle tenderness with trigger points. Range of motion is restricted. She has facet loading pain on the left. She has an effusion in her right knee. She has a positive apprehension test. There is medial joint line tenderness and lateral joint line tenderness. Right knee extension is 15 degrees and flexion is to 80 degrees. She has pain with standing, hobbling, with palpation and with passive range of motion. She is using an offloading knee brace and crutches. There is crepitus present. Treatment to date has included diagnostic studies, medications, use of a knee brace, and use of a cane or crutch. Current medications include Baclofen, Neurontin, Ultram (since at least 09-25-2014), Wellbutrin, and Norco. A Magnetic Resonance Image of the right knee done on 05-15-2015 showed mild change of the medial compartmental osteoarthritis characterized by Grade1 chondromalacia also the articular weight bearing surface of the medial femoral condyle and associated mild medical compartmental joint space narrowing. A bone scan done on 07-08-2015 showed no definite evidence for fracture or other acute etiology of the left knee pain is identified. The Request for Authorization includes Norco 10-325mg #40 and Ultram. On 09-24-2015 Utilization Review modified the request for Ultram 50mg #90 to Ultram 50mg #60 to begin tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication Ultram. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. There is also no reported UDS from recent clinic notes and no mention of safety and opioid contract. Consequently, continued use of short acting opioids is not supported by the medical records and is not medically necessary.