

Case Number:	CM15-0203253		
Date Assigned:	10/19/2015	Date of Injury:	06/01/2012
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, California

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 52 year old female with an industrial injury date of 06-01-2012. Medical record review indicates she is being treated for status post left knee arthroscopy, status post right knee arthroscopy and bilateral plantar fasciitis. Subjective complaints (09-14-2015) included pain and swelling of bilateral knees with difficulty walking due to pain. She ambulated with a four prong cane. She described her pain as moderate to severe. A numeric pain rating is not indicated. Work status (09-14-2015) is documented as temporary total disability. Medications (09-14-2015) included Ultram (at least since 09-18-2012) and Dulcolax (at least since 03-19-2015). Prior medications included Norco, Naprosyn and Norco. Prior treatments included physical therapy, acupuncture, Synvisc injection and medications. Physical examination (09-04-2015) of bilateral knees revealed tenderness to palpation with moderate swelling present over the medial and lateral joint lines, peripatellar region and calf. Constipation is documented in the review of systems section of the 09-04-2015 note. Abdominal exam is not indicated in the treatment note. On 09-24-2015 the request for 1 prescription of Ultram 50 mg # 120 and 1 prescription of Dulcolax 5 mg # 100 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant has been on opioids for over a year. No one opioid is superior to another. Continued use of Tramadol was not justified with pain scores and is not medically necessary.

Dulcolax 5 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Opioid-induced constipation treatment (2015).

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

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The claimant was on opioids for over a year along with stool softeners. The opioids are not longer necessary and therefore continued use of Dulcolax is not medically necessary.