

Case Number:	CM15-0206366		
Date Assigned:	10/23/2015	Date of Injury:	07/21/2006
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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 is a 58 year old male with a date of injury of July 21, 2006. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder adhesive capsulitis and myofascial pain, rotator cuff syndrome, right knee degenerative joint disease, medial meniscus tear of the left knee, gait disorder, and compensatory left ilio lumbar strain with left hip strain. Medical records (July 16, 2015; August 20, 2015; September 16, 2015) indicate that the injured worker complained of ongoing left shoulder pain, left hip pain, lower back pain, bilateral knee pain, and bilateral hand pain. Records also indicate that the pain was rated at a level of 7 out of 10 on July 16, 2015 and August 20, 2015, and 6 to 8 out of 10 on September 16, 2015. Per the treating physician (September 16, 2015), the employee was temporarily totally disabled. The physical exam (August 20, 2015) reveals decreased and painful range of motion of the left knee. The physical examination (July 16, 2015) revealed an antalgic gait and a healing incision on the left knee. Treatment has included medications (Tramadol since August of 2015; Colace), left knee surgery (June 15, 2015), at least nine sessions of physical therapy, and six sessions of acupuncture that were no helpful. Results of recent urine drug screens were not documented in the submitted records. The original utilization review (September 25, 2015) partially certified a request for Tramadol 50mg #60 (original request for #90) and non-certified a request for Vistaril 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long- term assessment.

Decision rationale: Review indicates the request for Tramadol was modified to #60 for weaning. 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 or decreased in medical utilization. There is no evidence presented of random drug testing results or utilization of pain contract 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 of opioid and use of overall medication profile with persistent severe pain for this chronic 2006 injury without acute flare, new injury, or progressive neurological deterioration, and the patient remaining temporarily total disabled status. The Tramadol 50mg #90 is not medically necessary and appropriate.

Vistaril 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Anxiety Medications for pain (2015).

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

Decision rationale: Vistaril (Hydroxyzine) belongs to a class of medications called antihistamine. Hydroxyzine may be used for the short-term sedative treatment of nervousness and tension that may occur with certain mental/mood disorders (e.g., anxiety, dementia) prior to and after surgery, or may act to enhance certain narcotic pain relievers (e.g., Barbituate-meperidine) during surgery, not demonstrated here with surgery passed 5-1/2 months ago. Its anti-histamine action may also be used for allergy symptoms of sneezing/runny nose, skin reactions such as hives or contract dermatitis. Submitted reports have not adequately identified any specific indication or objective findings to support the treatment with this medication or functional benefit from treatment previously rendered. The Vistaril 25mg #30 is not medically necessary and appropriate.