

Case Number:	CM15-0218092		
Date Assigned:	11/10/2015	Date of Injury:	09/29/2012
Decision Date:	12/29/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 41 year old female who sustained an industrial injury on September 29, 2012. The worker is being treated for: right knee sprain and strain. Subjective: October 17, 2012 she reported a knee injury. June 10, 2105 she reported complaint of low back left trochanteric region pain, left knee pain (non-industrial) and right knee pain. She has not worked since July 2013 where she did a couple of days of work even though the requesting physician is allowing her light duty. July 30, 2015 she reported right knee pain, primarily laterally. Objective: July 30, 2015 noted the right knee with tenderness upon palpation of the right lateral knee and lateral joint line along with pre patellar tenderness and one plus edema. The right knee locking is noted positive. She is with antalgic gait. Diagnostic: July 2015 UDS noted consistent with prescribed; MRI right knee June 12, 2015. Medication: May 24, 2013: requesting physician states patient is only taking naproxen for pain and is listed for part time modified duties. November 21, 2013: requesting physician states patient is taking tramadol 37.5/325 for pain and is listed for part time modified duties, Norco 10/325 #120 was started at that time. January 2, 2014: requesting physician states patient is taking Norco for pain and is listed for part time modified duties, Ultram ER was started at that time. June 2015, August 25, 2015, and September 22, 2015: Naprosyn, Protonix, Norco, Miralax, Tramadol ER. The requesting physician states the Norco provides 60% decrease in pain, 60% improvement in activities of daily living and an improvement in the Oswestry Disability Index score to 26 with the use of Norco versus 42 without the Norco. The requesting physician states the Ultram provides 50% decrease in pain, 50% improvement in activities of daily living and an improvement in the Oswestry Disability

Index score to 26 with the use of Ultram ER versus 42 without the Ultram ER. Treatment: October 17, 2012 noted POC with orthopedic referral evaluation of right meniscal tear and noted dispensed patellar knee wrap, request for PT 6 session, modified work duty; July 2013 status post right knee surgery; September 2015 noted with denial for nerve block; June 2015 noted TENS unit denied, hot and cold unit. On October 08, 2015 a request was made for Ultram ER 100mg and Soma 350mg #30 that were both noncertified by Utilization Review on October 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids (Classification), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also state the lowest possible dose should be prescribed to improve pain and function. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). However, what is not clear is if the lowest possible dose is being given as recommend by guidelines and the objective improvement in function with Ultram alone is identical to the objective improvement in function with the Norco alone. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram ER 100 mg, is not medically necessary.

Soma 350 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma 350 mg Qty 30 is not medically necessary.