

Case Number:	CM15-0224738		
Date Assigned:	11/23/2015	Date of Injury:	09/10/1998
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/16/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 70 year old female, who sustained an industrial injury on 9-10-1998. The injured worker is undergoing treatment for osteoarthritis of the knee. The treatment and diagnostic testing to date has included permanent implant pump (date unclear), medications, multiple physical therapy sessions, injections, multiple right knee surgeries (dates unclear), and distal femur replacement (date unclear). Medications have included Lyrica, fentanyl, and Ultram. The records indicate she has been utilizing Ultram since at least May 2015, possibly longer. There is no documentation regarding adverse side effects, aberrant behaviors, or pain reduction with the use of oxycodone and/or Ultram. On 9-30-15, she reported right knee pain which is noted to be localized to the patella and kneecap. She is indicated to have difficulty with activities of daily living including standing and sitting. Physical examination revealed normal cervical spine range of motion, normal hip range of motion, stable varus and valgus stress, and stable anterior and posterior stresses. The provider noted she "is functional. She is able to walk 20 minutes." On 11-18-15, she is reported as healing well and taking 2 tramadol per day. Objective findings revealed surgical incision healing with small amount of redness and non-tender. Current work status: retired. The request for authorization is for Ultram 50mg quantity 100 and oxycodone 15mg quantity 30. The Utilization Review dated 11-6-2015, non-certified the request for Ultram 50mg quantity 100 and modified certification of oxycodone 15mg quantity 22.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #100: 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 (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, specific drug list.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as tramadol (Ultram), for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have not included documentation of the pain on the visual analog scale with and without medication, no significant adverse effects, past urine drug testing, and objective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been completed, and the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. In fact, the most recent treating provider notes from 11-18-15, state that the injured worker is expected to discontinue Ultram over the next three weeks status post successful pump placement. However, although Ultram may be a reasonable treatment option for this injured worker in the interim, the request does not meet guidelines. Therefore, the request for Ultram 50mg #100 is not medically necessary and appropriate.

Oxycodone 15 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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, dosing, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: The cited CA MTUS recommends short acting opioids, such as Percocet (oxycodone), for the control of chronic pain, and may be used for neuropathic pain that has

not responded to first-line medications (antidepressants, anticonvulsants). Opioids are recommended as the standards of care for moderate to severe nociceptive pain, but are not recommended as first-line therapy for osteoarthritis. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The treating provider's notes have not included documentation of pain with and without medication on the visual analog scale, whether there were any significant adverse effects, pain contract on file, urine drug testing, and objective functional improvement. The injured worker should continue follow-ups routinely, with appropriate documentation, and begin weaning of opioids as indicated by the treatment guidelines (expected by treating provider per notes from 11-18-15, status post successful pump placement). Therefore, based on the available medical records and cited MTUS guidelines, the request for oxycodone 15 mg #30 is not medically necessary and appropriate.