

Case Number:	CM15-0083058		
Date Assigned:	05/05/2015	Date of Injury:	08/01/1993
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old male who sustained a work related injury August 1, 1993. He stepped in a hole with his left foot and ankle. He became caught in the hole and as he twisted and turned he injured the left foot and ankle. He then began to have pain in the bilateral knees and low back due to an altered gait. Past history included non-insulin dependent diabetes mellitus; alcoholism, s/p medical opiate dependence, September 2004. According to a primary treating physician progress report, dated November 24, 2014, the injured worker presented with increased neck pain with associated cervicogenic headaches as well as pain down to both upper extremities. The physician also noted an orthopedic qualified medical examination on February 12, 2014, recommending surgery to the right knee. Currently the injured worker has an altered gait due to ongoing knee pain and presents with a current flare-up of his low back pain. He had a follow-up with a podiatrist, November 5, 2014, for the management of plantar fasciitis and stress fracture of the left ankle and had recommended physical therapy and was casted. Assessment included cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy; thoracic sprain/strain syndrome with spondylolisthesis at T9-10; lumbar degenerative disc disease with facet arthropathy; bilateral peroneal neuropathy; bilateral knee internal derangement right greater than left; left ankle traumatic arthritis and medication induced gastritis. At issue, is the request for Trazadone and Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 200mg, #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 53 year old male has complained of knee pain, back pain, neck pain and left foot pain since date of injury 8/1/93. He has been treated with physical therapy and medications to include opioids since at least 09/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.

Trazadone 150mg, #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14.

Decision rationale: This 53 year old male has complained of knee pain, back pain, neck pain and left foot pain since date of injury 8/1/93. He has been treated with physical therapy and medications to include Trazodone since at least 09/2014. There is inadequate documentation in the available medical records regarding the use and efficacy of Trazadone in this patient. Trazadone is approved for the treatment of depression. There is inadequate documentation of any subjective or objective findings of anxiety or depression in this patient. On the basis of this lack of medical documentation Trazadone is not indicated as medically necessary in this patient.