

Case Number:	CM15-0084468		
Date Assigned:	05/06/2015	Date of Injury:	04/15/2004
Decision Date:	06/10/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/01/2015

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, North Carolina
 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 54 year old, female who sustained a work related injury on 4/15/04. The diagnoses have included anxiety, depression, status post left knee surgery, degenerative joint disease right knee, partial ligament tear right knee, status post right shoulder surgery, status post right knee surgeries, rheumatoid arthritis, and low back strain/sprain. The treatments have included use of a quad cane or walker, oral medications, physical therapy, and right knee injections. In the PR-2 dated 3/23/15, the injured worker complains of severe pain in right knee, right leg, right hip, both feet and right shoulder. She complains of increasing pain with movement. She complains of "buckling, giving-away, clicking, locking, swelling, a loose feeling and going out" of both knees. She complains of numbness and weakness of right arm. She complains of weakness in left arm. She complains of tingling, swelling, numbness and weakness in left leg. She states has decreased pain with medications and non-weight bearing activities. She has tenderness along joint lines of right knee. She has a moderate joint effusion in the right knee. The treatment plan includes recommendations for continuing medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80, 93.

Decision rationale: Tramadol is a synthetic opioid that acts on the central nervous system. Tramadol may increase the risk of seizures in patients taking other opioids. In this case, the patient is also taking Percocet and Oxycontin, for a total of three different opioids daily. There is no rationale provided for using multiple opioids which puts the patient at increased risk of seizure, overdose, respiratory depression and other adverse reactions. The patient should be weaned from the Tramadol with the goal of discontinuing it. Thus, the request for Tramadol 50 mg #120 is deemed not medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids in chronic pain Page(s): 80.

Decision rationale: Opioids have been suggested for neuropathic pain that has not responded to first-line agents such as antidepressants and antiepilepsy drugs. Percocet is a short-acting preparation that is intended for acute pain for the shortest duration possible, Chronic opioids are generally not recommended unless the patient has demonstrated significant pain relief and functional improvement allowing him to return to work. In this case, there is no documentation of significant pain relief or functional improvement. In addition, the patient is taking two other opioids concurrently, Tramadol and Oxycontin. There is no justification for the patient taking three opioids daily. The combination is fraught with hazards of drug interactions, including seizures, overdose and respiratory depression. Thus, the request for Percocet 10/325 #120 is deemed not medically necessary.