

<b>Case Number:</b>	CM14-0144972		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/07/1995
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old female who is reported to have sustained multiple injuries as the result of a collision/trip and fall with a football player on 02/07/1995. Records indicate that the injured worker has undergone right knee medial and lateral meniscectomies on 01/30/09. She is noted to have chronic pain associated with this condition as well as a diagnosis of fibromyalgia. Per a clinical note dated 06/05/14 the pain in the left foot is worse. Her pain levels are the same. Her activity levels are the same. On examination she has an antalgic, slow gait and utilizes a walker. Bilateral knee range of motion is decreased. Current medications include: methadone 10 mg, Norco 10/325 mg, Ultram ER 100 mg, and Roxicodone 15 mg. This reflects 515MEQ per day. The record includes a utilization review determination dated 08/29/14 in which requests for Norco 10/325 mg and all trim ER 100 mg were noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77 79 80 81 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opiates, Page(s): Pages 74.

**Decision rationale:** The request for Norco 10/325 mg is not support as medically necessary. The submitted clinical records indicate that the injured worker has been maintained on multiple opiate medications without substantive evidence of benefit or efficacy. The injured worker's pain levels are reported to be unchanged. She is currently not working and there is no evidence of functional improvements. The injured worker is currently receiving far greater dosages than the recommended 120 MEQ with no apparent benefits. As such, the request for the continued use of this medication is not medically necessary under California Medical Treatment Utilization Schedule.

**Ultram ER 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77 79 80 81 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Page(s): 74-80..

**Decision rationale:** The request for Ultram ER 100mg is not supported as medically necessary. The submitted clinical records indicate that the injured worker has been maintained on multiple opiate medications without substantive evidence of benefit or efficacy. The injured worker's pain levels are reported to be unchanged. She is currently not working and there is no evidence of functional improvements. The injured worker is currently receiving far greater dosages than the recommended 120 MEQ with no apparent benefits. As such, the request for the continued use of this medication is not medically necessary under California Medical Treatment Utilization Schedule.