

<b>Case Number:</b>	CM14-0152514		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 48-year-old male who reported an injury on 01/14/2009. The mechanism of injury was not clearly provided. The injured worker's diagnosis included cervical spine pain with bilateral upper extremity radiculopathy secondary to disc herniation, bilateral shoulder rotator cuff tear, lumbar spine pain with bilateral lower extremity radiculopathy secondary to disc herniation, and bilateral meniscal tear. The injured worker's past treatments included epidural steroid injections, pain management, and medications. The injured worker's diagnostic testing included an MRI of the left and right knee performed on 02/20/2013. The right knee was noted to have extrusion of the body of the medial meniscus, chondromalacia patellae, and medial tibial femoral joint space reduction. The left knee was noted with mild bone edema in the medial, tibial, and femoral condyles, mild extrusion of the body of the medial meniscus and glabella noted. On 02/20/2013, an MRI of the lumbar spine was documented to find disc desiccation at L1-2 to L5-S1 levels, reduced intervertebral disc height noted at L4-5 and L5-S1 levels, and spondylitic changes noted throughout the lumbar spine, more marked anteriorly. On 02/20/2013, an MRI of the left shoulder report was noted to reveal supraspinatus tendinosis with partial tear at the articular surface, biceps tenosynovitis, and osteoarthropathy of acromioclavicular joint. There were no relevant surgeries included. On 07/14/2014, the injured worker was evaluated for his low back complaints. Upon physical examination, the injured worker was noted to have mild discomfort across the neck, with nonradicular pain of the cervical spine. He was noted to have moderate to severe pain across the mid and lower back. He reported bilateral knee pain and numbness in both legs. The injured worker was noted with a mildly positive straight leg raise on the right. The injured worker's medications included Ultram, Prilosec, and naproxen. The request was for Ultram 50 mg, orthopedic consult for bilateral

knees, and orthopedic consult for spine. The rationale for the requests were not provided. The Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The California MTUS Guidelines may recommend continued use of opioid therapy for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include a quantified current pain; the least reported pain over the period since last assessment; intensity of pain after taking the opioid; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, to be pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The guidelines state to continue opioids if the patient has returned to work and if the patient has improved functioning and pain. According to the guidelines, the opioid therapy appears to be efficacious, but limited for short term pain relief, and long term efficacy is unclear. The injured worker was noted to have pain to the cervical spine and the mid and low back, as well as the bilateral knees. The documentation did not provide sufficient evidence of the efficacy of the medication, indicated by the patient's report of decreased pain, increased level of function, or improved quality of life. In the absence of documentation with sufficient evidence of a complete and thorough evaluation that the patient's pain relief, side effects, physical and psychosocial functioning, and monitoring of the occurrence of any potentially aberrant drug related behaviors, the request is not supported at this time. Additionally, the documentation did not provide sufficient evidence of significant objective functional improvement or a decrease in pain for the injured worker with use of the medication. Furthermore, as the request is written, the frequency was not provided. Therefore, the request is not medically necessary.

**Orthopedic Consult for Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Office visits

**Decision rationale:** The request for orthopedic consult for bilateral knees is not medically necessary. The Official Disability Guidelines may recommend office visits as determined to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medications such as certain antibiotics require close monitoring. The injured worker reported pain to bilateral knees, however, the documentation did not provide a sufficient and thorough pain evaluation to include a quantified current pain; the least reported pain over the period since last assessment; intensity of pain after taking the opioid; and how long pain relief lasts. The documentation did not provide sufficient evidence of a significant objective status to correlate with the subjective complaints. In the absence of documentation with a sufficient and thorough pain evaluation, significant objective functional status, and the efficacy of the medications prescribed, the request is not supported at this time. Therefore, the request is not medically necessary.

**Orthopedic Consult for Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits

**Decision rationale:** The request for orthopedic consult for spine is not medically necessary. The Official Disability Guidelines may recommend office visits as determined to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medications such as certain antibiotics require close monitoring. The injured worker reported pain to bilateral knees, however, the documentation did not provide a sufficient and thorough pain evaluation to include a quantified current pain; the least reported pain over the period since last assessment; intensity of pain after taking the opioid; and how long pain relief lasts. The documentation did not provide sufficient evidence of a significant objective status to correlate with the subjective complaints. In the absence of documentation with a sufficient and thorough pain evaluation, significant objective functional status, and the efficacy of the medications prescribed, the request is not supported at this time. Therefore, the request is not medically necessary.