

Case Number:	CM14-0212066		
Date Assigned:	01/02/2015	Date of Injury:	03/10/2005
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 53-year-old male with an injury date of 03/10/05. Based on the 12/04/14 progress report provided by treating physician, the patient complains of low back pain, stiffness, and spasms, bilateral knee pain. Patient is status post bilateral lumbar transforaminal ESI, status post 2 unspecified knee surgeries in 2007 and 2009. Physical examination 12/04/14 revealed tenderness to palpation to bilateral lumbar paraspinal muscles and pain along lumbar facets bilaterally, more soon the right. Straight leg test is noted to be positive bilaterally at 30 degrees, patient exhibits gait instability and loss of strength in lower extremities. Diagnostic imaging included MRI of the right knee dated 01/09/13, 05/28/13 significant findings "Evidence of partial medial and lateral meniscectomies with suspected re-tear. Degenerative changes of the lateral compartment. Areas of scarring in the Hoffa fat pad along the course of the arthroscopy portal." Patient is currently not employed. Diagnosis 12/04/14 [sic]. Discogenic lumbar condition with disc disease from L3 to S1. Nerve studies by me in 2011 are unremarkable. He is status post epidural injection in Nov 2012 and again in 2014. Internal derangement of the knee bilaterally, status post surgery on the right in 2007 and 2009 and MRI in 2010 showing grade II chondromalacia and status post one series of Hyalgan injections in 2012. Internal derangement of the knee on the left with MRI showing chondromalacia of the joint line in 2011, treated with custom bracing only. Chronic pain syndrome. The utilization review determination being challenged is dated 11/21/14. The rationale follows:1) Prospective Tramadol ER 150 #30: "The use of Tramadol is not indicated for this patient. He has a history of chronic opiate use and has been taking Tramadol long term. Examination findings were essentially unchanged from

08/29/2014 examination."2) Prospective Tramadol ER 150 #30: "The use of Tramadol is not indicated for this patient. He has a history of chronic opiate use and has been taking Tramadol long term. Examination findings were essentially unchanged from 08/29/2014 examination."3) Prospective Norco #120: "Continuation of Norco is appropriate, however, there was a concurrent request for Norco that has been certified and therefore additional prescription is not necessary."4) Prospective Motrin 800mg #90: "Proceeding with Motrin is appropriate at this time. The guidelines are supportive of the use of NSAIDS for the treatment of chronic pain."Treatment reports were provided from 01/07/13 to 12/04/14.NOTE: Initial UR determination found Motrin 800mg #90 to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with low back pain, stiffness, and spasms, bilateral knee pain. Patient is status post bilateral lumbar transforaminal ESI, status post 2 unspecified knee surgeries in 2007 and 2009. The request is for Prospective Request for 1 Prescription of Tramadol ER 150 MG #30. Physical examination 12/04/14 revealed tenderness to palpation to bilateral lumbar paraspinal muscles and pain along lumbar facets bilaterally, more soon the right. Straight leg test is noted to be positive bilaterally at 30 degrees, patient exhibits gait instability and loss of strength in lower extremities. Diagnostic imaging included MRI of the right knee dated 01/09/13, 05/28/13. Patient is currently not employed. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In regards to the prospective request for 1 prescription of Tramadol, the treater has failed to establish necessity or establish previous efficacy of opiate medications to produce functional benefit. While progress report dated 10/29/14 notes a subjective report mentioning Norco as producing pain reduction from 9/10 to 4-5 out of 10, it fails to mention specific functional improvements attributed to Tramadol. Notes dated 08/29/14 onward do not mention specific functional improvements, simply state "These medications have been helpful in decreasing his symptoms and allowing him to be functional." Such vague statements do not satisfy MTUS documentation requirements for the continued use of opiate medications. Therefore, this request is not medically necessary.

Prospective request for 1 prescription of Tramadol ER 150mg #30.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with low back pain, stiffness, and spasms, bilateral knee pain. Patient is status post bilateral lumbar transforaminal ESI, status post 2 unspecified knee surgeries in 2007 and 2009. The request is for Prospective Request for 1 Prescription of Tramadol ER 150 MG #30. Physical examination 12/04/14 revealed tenderness to palpation to bilateral lumbar paraspinal muscles and pain along lumbar facets bilaterally, more soon the right. Straight leg test is noted to be positive bilaterally at 30 degrees, patient exhibits gait instability and loss of strength in lower extremities. Diagnostic imaging included MRI of the right knee dated 01/09/13, 05/28/13. Patient is currently not employed. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In regards to the prospective request for 1 prescription of Tramadol, the treater has failed to establish necessity or establish previous efficacy of opiate medications to produce functional benefit. While progress report dated 10/29/14 notes a subjective report mentioning Norco as producing pain reduction from 9/10 to 4-5 out of 10, it fails to mention specific functional improvements attributed to Tramadol. Notes dated 08/29/14 onward do not mention specific functional improvements, simply state "These medications have been helpful in decreasing his symptoms and allowing him to be functional." Such vague statements do not satisfy MTUS documentation requirements for the continued use of opiate medications. Therefore, this request is not medically necessary.

Prospective request for 1 prescription of Norco 10/325mg #120.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with low back pain, stiffness, and spasms, bilateral knee pain. Patient is status post bilateral lumbar transforaminal ESI, status post 2 unspecified knee surgeries in 2007 and 2009. The request is for Prospective Request for 1 Prescription of Norco 10/325MG #120. Physical examination 12/04/14 revealed tenderness to palpation to bilateral lumbar paraspinal muscles and pain along lumbar facets bilaterally, more soon the right. Straight leg test is noted to be positive bilaterally at 30 degrees, patient exhibits gait instability and loss of strength in lower extremities. Diagnostic imaging included MRI of the right knee dated 01/09/13, 05/28/13. Patient is currently not employed. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month

intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In regards to the prospective request for 1 prescription of Norco, the treater has failed to establish necessity or establish previous efficacy of opiate medications to produce functional benefit. While progress report dated 10/29/14 notes a subjective report of Norco producing pain reduction from 9/10 to 4-5 out of 10, it fails to mention specific functional improvements attributed to the medication. Notes dated 08/29/14 onward do not mention specific functional improvements, simply state "These medications have been helpful in decreasing his symptoms and allowing him to be functional." Such vague statements do not satisfy MTUS documentation requirements for the continued use of opiate medications. Therefore, this request is not medically necessary.

Prospective request for 1 prescription of Motrin 800mg #90.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories; medication for chronic pain Page(s): 22; 60.

Decision rationale: The patient presents with low back pain, stiffness, and spasms, bilateral knee pain. Patient is status post bilateral lumbar transforaminal ESI, status post 2 unspecified knee surgeries in 2007 and 2009. The request is for Prospective Request for 1 Prescription of Motrin 800MG #90. Physical examination 12/04/14 revealed tenderness to palpation to bilateral lumbar paraspinal muscles and pain along lumbar facets bilaterally, more soon the right. Straight leg test is noted to be positive bilaterally at 30 degrees, patient exhibits gait instability and loss of strength in lower extremities. Diagnostic imaging included MRI of the right knee dated 01/09/13, 05/28/13. Patient is currently not employed. Regarding NSAID's, MTUS page 22 state "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss a change in pain scale or an improvement in function with the use of the Motrin, nor indicate that it has been used successfully in the past. Nonetheless, given the patient's chronic pain for which oral NSAIDs are indicated, the medication can be taken at the treater's discretion. This request is medically necessary.