MAXIMUS Federal Services

Case Number:	CM14-0215963		
Date Assigned:	01/06/2015	Date of Injury:	02/20/2007
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male who was injured when he stepped on a rebar and it rolled twisting his right leg and knee. The date of injury was February 20, 2007. Diagnoses include right knee osteoarthritis, left knee severe osteoarthritis, left hip severe osteoarthritis and low back pain with radicular pain. On June 24, 2014, notes stated that there was no significant change with his knee and hip problems. The injured worker complained of back pain with left sciatica. The pain was rated a 6 on a 1-10 pain scale. Due to the severity of the pain, he had difficulty using a cane to support walking. He was currently using a manual wheelchair. Physical examination revealed limited range of motion in both hips. Tenderness was noted in the left hip. There was mild edema and tenderness in the knees with reduced range of motion. Sensory was decreased in both legs. There was no significant weakness noted but the examination was difficult due to knee and hip problems. Medications were list as treatment. A request was made for Ultram ER 150mg #60. On November 19, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 MG Q12 HRS Count #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93-94. Decision based on Non-MTUS Citation ACOEM Guidelines, page 115

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with knee pain, hip pain, and back pain with bad left sciatica. The request is for ULTRAM ER 150 mg q.12 hours count #60. The patient has been taking Ultram as early as 05/28/2014. MTUS Guidelines page 88 and 89 states, "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. On 06/24/2014 and 07/21/2014, the patient rates his pain as a 6/10. Although pain scales are mentioned, not all 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any examples of specific ADLs which demonstrate medication efficacy. There are no discussions provided regarding side effects/adverse behavior. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. The patient did have a urine drug screen on 10/16/2014 which was inconsistent with his prescriptions. He was specifically inconsistent with ethyl sulfate, oxycodone, oxymorphone, methadone, and EDDP. The documentation does not provide the minimum requirements that are outlined in the MTUS Guidelines for continued opiate use. The requested Ultram ER IS NOT medically necessary.