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| Case Number: | CM15-0111553 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 09/21/2012 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 06/03/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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
 Certification(s)/Specialty: Emergency Medicine

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 49-year-old female, with a reported date of injury of 09/21/2012. The diagnoses include lumbar sprain, contusion of the knee, current knee cartilage tear, status post right knee arthroscopy and partial medical meniscectomy, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and knee joint pain. Treatments to date have included physical therapy, oral medications, topical pain medication, an MRI of the lumbar spine on 11/12/2012 which showed disc degeneration and desiccation narrowing; an MRI of the right knee on 01/31/2013 which showed undersurface tear of the medial meniscus posterior horn, mild marginal spurring and articular cartilage degeneration in the patellofemoral and medial compartments, and trace joint effusion; right knee surgery on 10/28/2013; injections to the lumbar spine and right knee; heat treatment; ice treatment; discopathy of the lumbar spine; and chiropractic therapy. The visit note dated 05/26/2015 indicates that the injured worker continued to have ongoing pain in her low back and in her right knee. She only worked 4 hours a day as opposed to 6 ½ hours a day as she used to work before. The injured worker reported her pain 7 out of 10 with medications. She stated that the medications helped improve her pain by 50% for several hours. The injured worker was tolerating her medications well; however, she did get some constipation with her medications. She continued to work modified duties at this time. An examination of the lumbar spine showed painful neck movements, tenderness and tight muscle bands on both sides of the paravertebral muscles, negative straight leg raise test, and equal and symmetric lower extremity reflexes. An examination of the right knee showed restricted range of motion, tenderness to palpation over the lateral joint line, medial joint line, and patella, no joint effusion, and negative patellar grind test. The treatment plan includes the continuation with Ultram for baseline pain relief and the Ultracet for breakthrough pain. The treating physician requested Ultram ER 150mg #60 and Ultracet 37.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg, twice daily #60, prescribed 05/26/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids; Opioids, Dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain; Opioids, long-acting; Weaning, opioids (specific guidelines); Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going, Management, Opioids for Chronic Pain, and Tramadol Page(s): 78-82, 113.

Decision rationale: The requested Ultram ER 150mg, twice daily #60, prescribed 05/26/15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing pain in her low back and in her right knee. She only worked 4 hours a day as opposed to 6 hours a day as she used to work before. The injured worker reported her pain 7 out of 10 with medications. She stated that the medications helped improve her pain by 50% for several hours. The injured worker was tolerating her medications well; however, she did get some constipation with her medications. She continued to work modified duties at this time. An examination of the lumbar spine showed painful neck movements, tenderness and tight muscle bands on both sides of the paravertebral muscles, negative straight leg raise test, and equal and symmetric lower extremity reflexes. An examination of the right knee showed restricted range of motion, tenderness to palpation over the lateral joint line, medial joint line, and patella, no joint effusion, and negative patellar grind test. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultram ER 150mg, twice daily #60, prescribed 05/26/15 is not medically necessary.

Ultracet 37. 5mg twice daily #60, prescribed 05/26/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids; Opioids, Dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain; Opioids, long-acting; Weaning, opioids (specific guidelines); Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going, Management, Opioids for Chronic Pain, and Tramadol Page(s): 78-82, 113.

Decision rationale: The requested Ultracet 37. 5mg twice daily #60, prescribed 05/26/15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going

Management, Opioids for Chronic Pain, and Tramadol, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing pain in her low back and in her right knee. She only worked 4 hours a day as opposed to 6 hours a day as she used to work before. The injured worker reported her pain 7 out of 10 with medications. She stated that the medications helped improve her pain by 50% for several hours. The injured worker was tolerating her medications well; however, she did get some constipation with her medications. She continued to work modified duties at this time. An examination of the lumbar spine showed painful neck movements, tenderness and tight muscle bands on both sides of the paravertebral muscles, negative straight leg raise test, and equal and symmetric lower extremity reflexes. An examination of the right knee showed restricted range of motion, tenderness to palpation over the lateral joint line, medial joint line, and patella, no joint effusion, and negative patellar grind test. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultracet 37.5mg twice daily #60, prescribed 05/26/15 is not medically necessary.