

Case Number:	CM15-0112363		
Date Assigned:	06/18/2015	Date of Injury:	09/26/1997
Decision Date:	07/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/10/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 66 year old male who sustained an industrial injury on 9/26/97 involving the right shoulder and lumbar spine. He has chronic low back pain, bilateral shoulder and bilateral knee pain. He currently complains of right greater than left knee pain that is burning in nature. The pain level is 4/10 and is 100% higher without medications. Physical exam of the knees reveals moderate right knee swelling with crepitus, right greater than left with tenderness at the medial joint line, endpoint pain on right only. Diagnoses include status post right open reduction internal fixation femoral fracture (1997) with retained hardware; status post bilateral rotator cuff arthroscopies; bilateral right to left knee pain related to post-traumatic degenerative joint disease; lumbar radiculitis; carpal tunnel syndrome; chondromalacia. Treatments to date include medications; physical therapy; transcutaneous electrical nerve stimulator unit.

Diagnostics include x-ray right knee (3/26/15) showing status post open reduction internal fixation; degenerative arthritic changes. In the progress note dated 5/28/15 the treating provider's plan of care includes ibuprofen 600 mg # 60 for swelling and mild pain; acetaminophen 500 mg. 1 four times per day #120 as needed for mild to moderate pain; Ultracet 1 twice per day # 60 as needed for severe pain. The purpose of these recommendations is to decrease pain associated with daily activity, allowing for progressive exercise to maintain functional levels at home and work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75-80, 94.

Decision rationale: Ultracet is combination of tramadol and acetaminophen. Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function and pain reduction was documented in a note from 5/28/15. However, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation a recent CURES report or urine drug testing result that was submitted. Based on the lack of documentation, this request is not medically necessary and is not established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Ibuprofen 600mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is

indication that this medication in conjunction with Ultracet and acetaminophen is providing analgesic and functional benefits. This is documented in progress notes from May and February 2015. The patient continues with chronic musculoskeletal pain. However, it is not clear whether monitoring for side effects including possible GI, cardiac, and renal issues is taking place while on this medication. Given this, the current request is not medically necessary for a 3 month supply as request. Utilization review modification is appropriate.

Acetaminophen 500mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 12.

Decision rationale: Regarding the request for acetaminophen, Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) state on page 12: "Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs." Thus this is a first line analgesic and is appropriate for short-term use. The objection, however, is with the time course of 2 refills. Acetaminophen needs to be monitored more closely for efficacy and side effects including elevation of liver transaminases. The documentation does not indicate any liver function testing has taken place. Therefore, the original request is not medically appropriate.