

Case Number:	CM15-0114765		
Date Assigned:	06/23/2015	Date of Injury:	03/07/2005
Decision Date:	07/24/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 64 year old male who sustained an industrial injury on 03/07/2005 resulting in pain/injury to the right foot and bilateral knees. The injured worker was initially diagnosed with a fractured ankle. Treatment provided to date has included: 2 right ankle surgeries (2006 and 2010); right foot surgery (03/31/2014); multiple sessions of post-operative physical therapy for the right foot; 6 sessions of physical therapy for the knees; bilateral knee injections (multiple) with the last injection on 12/04/2014 which provided 40% relief for 1 month; acupuncture for the knees in 2013 with minimal relief (4 sessions); medications (Tramadol, Tramadol/APAP and capsaicin), and conservative therapies/care. Diagnostic tests performed include: electrodiagnostic and nerve conduction testing of the lower extremities (05/12/2012) showing abnormal findings of generalized polyneuropathy and radiculopathy in the lower extremities; urine drug testing (01/07/2015 and 04/14/2015) showing consistent results; x- rays of the right foot/ankle (02/06/2012 and 10/03/2013) showing progressive arthritic changes in the right ankle joint, degenerative changes with dorsal spurring and a possible loose body in the dorsal aspect of the joint. Comorbidities included hypertension, diabetes, cataracts, and rheumatoid arthritis. There were no other dates of injury noted. On 04/14/2015, physician progress report noted complaints of bilateral knee pain. The pain was rated 7-8/10 (0-10) in severity, and was described as constant, aching, and stabbing pain with walking. Additional complaints included swelling which increases with walking, and a pulling sensation from the right knee that radiates up the lateral aspect of the quadriceps to the hip. The injured worker indicates that the right knee is worse than the left knee in reference to pain and swelling. Previous pain ratings for the bilateral knees included: 6/10 on 01/07/2015, 9/10 decreased to 7/10 on 01/27/2015, and 7-8/10 on 03/03/2015. Current medications include Tramadol/APAP (Ultracet) and capsaicin cream. Previously the

injured worker had been prescribed Tramadol (Ultram) for which the clinical notes indicate long-term use and continued high levels of pain without improvement. The Tramadol was changed to Tramadol/APAP on 01/07/2015. Urine drug testing were consistent with the use of prescribed medications. The clinical notes report no changes in the injured worker's work status/ability, and no changes in ability to participate in activities of daily living over the last 3 months. It was noted that the injured worker's ankle symptoms/issues were being treated by a different physician. The physical exam revealed a normal gait pattern; tenderness to palpation of the medial and lateral joint lines of the left knee, inferior portion of the right knee, the medial and lateral joint lines of the right knee, left IT band, left greater trochanter and over the left SI joint; pain with valgus and varus stress tests in both knees; and swelling in the lateral and inferior portion of the right patella. The provider noted diagnoses of bilateral knee degenerative joint disease, left trochanteric bursitis, and left IT band syndrome. Plan of care includes additional physical therapy for the bilateral knees, continued capsaicin cream for the knees, continued home exercises, continued Tramadol/APAP (1 tablet daily as needed), and follow-up . The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes Tramadol/APAP 37.5/325mg #30 which was modified to Tramadol/APAP 37.5/325mg #15 for the purpose of weaning over a course of 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, Tramadol Page(s): 43, 76-91, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Ongoing Management and When to Discontinue Opioids Page(s): 78-79.

Decision rationale: MTUS discourages long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, return to work, or improved quality of life. Opioids are to be weaned and discontinued if there is no overall improvement in function, unless there are extenuating circumstances. After reviewing the clinical documentation submitted for review, it is found that the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; 6) improvement in function; or 7) return to work. These are necessary to meet MTUS guidelines. Additionally, the progress reports an increase the reported pain level. As such, the request for Tramadol/APAP 37.5/325mg # 30 is not medically necessary.