

Case Number:	CM15-0066865		
Date Assigned:	04/14/2015	Date of Injury:	08/02/2013
Decision Date:	05/13/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/08/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48-year-old male, who sustained an industrial injury on 8/02/2013, while employed as a carpenter, from continuous trauma. The injured worker was diagnosed as having lumbar sprain/strain and radiculitis, cervical sprain/strain/rule out radiculitis, bilateral knee sprain/strain with internal derangement, status post right knee arthroscopy in 2010, bilateral ankle sprain/strain/rule out internal derangement, gout, sleep disorder, and bilateral inguinal hernias. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of pain in the neck with radicular symptoms into the arms, low back pain with radicular symptoms to the legs, and bilateral knee pain. Pain was not rated, nor was the duration of use with regard to the current medications being utilized. Imaging study results from 2/2015 were referenced. The treatment plan included medication renewals, including Ultram 150mg daily, Norco, Anaprox, Prilosec, compound creams, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. Unfortunately, with chronic treatment it appears the patient is not working, which indicates lack of functional improvement. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids) would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. A weaning protocol is reasonable, as suggested by utilization review modifying the initial request, and therefore quantity of medication initially requested is not considered in the opinion of this reviewer to be medically necessary and appropriate.