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| Case Number: | CM13-0013539 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 03/22/2013 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 07/17/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a 39-year-old gentleman who states that he sustained a work-related injury to his lower back and left knee on March 22, 2013 after jumping over a 6 foot wall. The most recent medical records available for review is dated June 25, 2013 and the injured employee complained of low back pain with tingling in the left leg and left first toe as well as left knee pain with popping sensations and instability. Current medications were stated to include Anaprox and Percocet. The physical examination of this 205 pound 6 foot gentlemen noted a slightly antalgic gait. No tenderness or decreased range of motion was noted over the lumbar spine. Lower extremity sensation, muscle strength and reflexes were within normal limits. Examination of the left knee noted tenderness over the medial joint line and crepitus of the patella. Range of motion of the left knee was from 0 to 150. There was a positive McMurray's test. An MRI of the lumbar spine, dated April 9, 2013, noted disc bulges at the L3, L4, and L5 levels along with facet hypertrophy. An MRI of the left knee, dated June 3, 2013, noted a potential underlying meniscal tibial coronary ligament injury; however, no sign of a meniscus tear was seen. An x-ray of the left knee was found to be within normal limits. An x-ray of the lumbar spine showed multileveled disc space narrowing. There was an assessment of an L5 - S1 annular tear and a left knee posterior horn medial meniscus coronary ligament tear. Physical therapy is recommended for the left knee as well as acupuncture for the lumbar spine. Percocet was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE/PROSPECTIVE PRESCRIPTION OF OXYCODONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: For continued use of oxycodone, the efficacy of this medication must be assessed. This includes documentation of pain relief, functional status to include ability to work and conduct activities of daily living, appropriate medication use and the presence of any side effects. None of this information is present in the attached medical record. Therefore, it is unclear whether there is any real benefit or indication for prior or continued use of this medication. For these reasons, this request for oxycodone is not medically necessary.

RETROSPECTIVE/PROSPECTIVE PRESCRIPTION OF TRAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: Tramadol is a synthetic opioid. For continued use of Tramadol the efficacy of this medication must be assessed. This includes documentation of pain relief, functional status to include ability to work and conduct activities of daily living, appropriate medication use, and the presence of any side effects. None of this information is present in the attached medical record. Therefore it is unclear whether there is any real benefit or indication for prior or continued use of this medication. For these reasons, this request for Tramadol is not medically necessary.