

Case Number:	CM13-0024342		
Date Assigned:	12/13/2013	Date of Injury:	04/12/2013
Decision Date:	04/02/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 patient is a 35-year-old male with a date of injury of 04/12/2013. The listed diagnoses per [REDACTED] dated 07/29/2013 are: (1) Contusion-knee, (2) Sprain/strain of knee/leg. According to report dated 07/29/2013, patient presents with bilateral knee complaints. The patient rates his right knee pain as 2/10 and it was a 1/10 at last visit. The treater reports that the patient has "no problem with medications". It is noted that the patient is currently taking Nabumetone, Tylenol, and Ultracet. Examination of the right knee shows no numbness, tingling, weakness, or edema. The patient also denies pain with motion of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Tramadol/Acet HCL 37.5/325mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: This patient presents with right knee complaints. The treater is requesting retrospective Tramadol/acetaminophen HCL 37.5/325 mg #20. The MTUS Guidelines page 75 states a small class of synthetic opioids (e.g. Tramadol) exhibits opioid activity at a mechanism of action that inhibits the re-uptake of serotonin and norepinephrine. Central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. In this case, in the 374 page medical file the treater does not mention what Tramadol is doing for this patient in terms of pain and function. MTUS guidelines require documentation of pain and functional assessment for chronic opiate use and in this case such documentation is not provided for Tramadol. Recommendation is for denial.

retrospective request for Nabumetone 760mg tabs #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiinflammatory medication Page(s): 22 and 60.

Decision rationale: This patient presents with right knee complaints. The treater is requesting retrospective Nabumetone 750 mg #20. For anti-inflammatory medication, the MTUS Guidelines page 22 states anti-inflammatories are the traditional line of treatment to reduce pain so activity of functional restoration can resume, but long term use may not be warranted. MTUS further states on page 60 that for medications for chronic pain, pain assessment, and functional level should be documented as related to medication use. In this case, the treater does not discuss at anytime the efficacy of using NSAIDs. The requested Nabumetone is not medically necessary and recommendation is for denial.