

Case Number:	CM13-0042458		
Date Assigned:	03/26/2014	Date of Injury:	08/19/2010
Decision Date:	07/03/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine & Rehabilitation 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 patient is a 54-year-old male who has filed a claim for right knee medial meniscal tear associated with an industrial injury date of August 19, 2010. Review of progress notes indicates moderate right knee pain with feeling of unsteadiness. Findings include tenderness over the medial side of the right knee. MRI of the right knee dated February 04, 2013 reports grade III tear of the body and posterior horn of the medial meniscus, degeneration of the lateral and medial meniscus, injury of medial collateral ligament, mild osteoarthritic changes in the right knee, chondromalacia of the patella, mild synovial effusion with a small Baker's cyst, and mild subcutaneous edema. Treatment to date has included physical therapy, opioids, NSAIDs, steroid injections, and Tylenol. Utilization review from October 14, 2013 denied the retrospective requests for CRP, CPK, and arthritis panel as there is no indication of inflammatory joint changes elsewhere; and hepatic panel as a separate test is not medically necessary, since a Chem 8 has been authorized. There is modified certification for tramadol 50 mg for #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG#90 WITH 2 REFILLS RFA DOS: 9/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM, ULTRAM ER, GENERIC AVAILABLE IN IMMEDIATE RELEASE TABLET) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least December 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, there is no indication regarding periodic urine drug screens to monitor medication use. Additional refills are not medically necessary unless the abovementioned criteria are continually met. Therefore, the retrospective request for Tramadol 50mg #90 with 2 refills is not medically necessary.

LAB: CRP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: University of South Carolina, Arthritis Panel (<http://www.muschealth.com/lab/content.aspx?id=150092>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Medical University of South Carolina, Arthritis Panel was used instead. It states that arthritis panel may be performed for screening or to assess the severity of rheumatoid arthritis. It may include ANA, anti-CCP, ESR, rheumatoid factor, serum CRP, and serum uric acid. In this case, the patient presents with knee symptoms due to degenerative and meniscal disease. There are no findings to support the presence of an inflammatory disease such as rheumatoid arthritis in this patient. Therefore, the request for C Reactive Protein (CRP) is not medically necessary.

LAB: HEPATIC PANEL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 23,64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes

that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, patient has been on chronic Tramadol therapy in addition to other medications, such as Lipitor. A hepatic panel is reasonable in this patient to monitor the condition of the liver in metabolizing these medications, and for further medication management. Therefore, the request for hepatic panel is medically necessary.

LAB: ARTHRITIS PANEL RFA DOS: 9/19/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: University of South Carolina, Arthritis Panel (<http://www.muschealth.com/lab/content.aspx?id=150092>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Medical University of South Carolina, Arthritis Panel was used instead. It states that arthritis panel may be performed for screening or to assess the severity of rheumatoid arthritis. It may include ANA, anti-CCP, ESR, rheumatoid factor, serum CRP, and serum uric acid. In this case, the patient presents with knee symptoms due to degenerative and meniscal disease. There are no findings to support the presence of an inflammatory disease such as rheumatoid arthritis in this patient. Therefore, the request for arthritis panel is not medically necessary.

LAB: CPK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medline Plus, creatine phosphokinase test (<http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm>).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Medline Plus, Creatine Phosphokinase Test was used instead. According to the online search, this test may be used to diagnose heart attack, evaluate cause of chest pain, determine if or how badly a muscle is damaged; detect dermatomyositis, polymyositis, and other muscle diseases; and tell the difference between malignant hyperthermia and postoperative infection. In this case, the patient presents with knee symptoms due to degenerative and meniscal disease. There are no findings to support the presence of the abovementioned conditions in this patient. Therefore, the request for Creatine Phosphokinase (CPK) is not medically necessary.

