

Case Number:	CM13-0067433		
Date Assigned:	01/03/2014	Date of Injury:	03/26/2013
Decision Date:	08/05/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old female was reportedly injured on March 26, 2013. The mechanism of injury is noted as lifting a patient in a bed. The most recent progress note dated, November 15, 2013, indicates that there are ongoing complaints of left knee and left arm pain. The physical examination demonstrated range of motion of the left knee from 32 115. There was a positive McMurray's and Apley's test as well as medial joint line tenderness and a positive anterior drawer test. Physical examination of the lumbar spine also reveal tightness and paraspinal muscle spasms. There was a request for a cane, a knee brace, and the use of a home TENS unit. Previous treatment includes cortisone injections, physical therapy, left knee surgery, and postoperative physical therapy. A request had been made for the purchase of a transcutaneous electrical nerve stimulation (TENS) unit between November 27, 2013, and January 11, 2014 and was not certified in the pre-authorization process on December 2, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH SUPPLY OF HYDROCODONE 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 OF 127.

Decision rationale: The records presented for review indicate that this 54-year-old female was reportedly injured on March 26, 2013. The mechanism of injury is noted as lifting a patient in a bed. The most recent progress note dated, November 15, 2013, indicates that there are ongoing complaints of left knee and left arm pain. The physical examination demonstrated range of motion of the left knee from 32 115. There was a positive McMurray's and Apley's test as well as medial joint line tenderness and a positive anterior drawer test. Physical examination of the lumbar spine also reveal tightness and paraspinal muscle spasms. There was a request for a cane, a knee brace, and the use of a home TENS unit. Previous treatment includes cortisone injections, physical therapy, left knee surgery, and postoperative physical therapy. A request had been made for the purchase of a transcutaneous electrical nerve stimulation (TENS) unit between November 27, 2013, and January 11, 2014 and was not certified in the pre-authorization process on December 2, 2013.

1 MONTH SUPPLY OF TRAMADOL150 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 OF 127.

Decision rationale: Tramadol is a short-acting opioid. The Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for tramadol is not medically necessary.