MAXIMUS Federal Services

Case Number:	CM14-0013130		
Date Assigned:	02/24/2014	Date of Injury:	06/09/2006
Decision Date:	08/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 worker is a 68 year old male who had a work related injury on 06/09/06. The injured worker was working as a truck driver when he slipped and fell and injured his left knee, right shoulder, and low back. He was treated conservatively with no improvement. He had an arthroscopy with repair of the rotator cuff of the right shoulder. He developed over use syndrome on the left and he had surgery with repair for that. He remained with chronic low back pain and significant left knee pain. He had a total knee replacement on 01/21/13. Apparently he developed an infection in the knee replacement. He had an open debridement and went to physical therapy and was on 2 rounds of antibiotics. The injured worker has had physical therapy, chiropractic treatment, medications. The injured worker has constant pain in his left knee, the least of which is about 4-5/10 but it can go up to 6-7+/10 depending on his level of activity. If he walks too much, the pain increases significantly and he has to stop and rest before he continues. The clinical note dated 01/17/14 physical examination he has some edema of the left lower extremity. On examination, he does have some swelling in his left lower extremity. At this left knee, he has a well-healed incision from the surgery and from the infection. He has anterior laxity of 9 degrees and significant lateral instability of 10 degrees. He has a genu valgus of 10 degrees on the left on the right is 0 degrees. Flexion of his right knee is 150 degrees, left knee is 90 degrees. Extension to 0 degrees both right and left. Diagnosis post-rotator cuff tear in both shoulders. Bilateral shoulder weakness. Lumbar sprain/strain with muscle guarding and non-verifiable radiculopathy. Post-left total knee replacement. Status post left knee infection following the total knee replacement. The injured worker rates his lumbar spine pain as 2/10 to 3/10. Left knee pain is 1/10. Recent laboratory results dated 04/17/14 liver function studies were within normal limits, CRP was normal, CBC was normal. Rheumatoid factors were within the normal range. CK was in the normal range. Prior utilization review on 01/24/14 was non-

certified. Current request is for Tramadol 50mg 1 tablet PO TID #90 x 2 refills. Quarterly labs, chem 8, hepatic function panel, CPK, CRP, arthritis panel, CBC. Quarterly point of care urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG ONE TAB PO TID #90 X 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS SPECIFIC DRUG LIST Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The clinical documentation submitted for review does not support the request for Tramadol. There is no documentation of functional improvement, and no significant decrease in his pain. Therefroe medical necessity has not been established. The request for Tramadol 50 mg one tab by mouth, three times daily, #90 x2 refills is not medically necessary and appropriate.

QUARTERLY LABS: CHEM 8, HEPATIC FUNCTIN PANEL, CPK, CRP, ARTHRITIS PANEL, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS (ODG) Official Disability Guidelines: http://www.ncbi.nlm.nih.gov/pubmed/23229907.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence:1). Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2). Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The clinical documentation submitted for review, includes lab results from 4/17/14, all within normal limits. As such, medical necessity has not been established. The request for quarterly labs: chem 8, hepatic function panel, CPK, CRP, arthritis panel, CBC is not medically necessary and appropriate.

QUARTERLY POINT-OF-CARE (POC) URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement Page(s): 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

Decision rationale: The request for the urine drug screen is predicated on the request for Tramadol. As this has not been found to be medically necessary the subsequent request is not necessary and appropriate.