

Case Number:	CM14-0155268		
Date Assigned:	09/25/2014	Date of Injury:	07/12/2002
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine and 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 51-year-old male who had a slip and fall accident on 7/12/2002. On 7/25/14, the patient was seen for follow up after left knee surgery which was performed on 7/17/13. The medications the patient has been taking, as of 7/25/14, are Diclofenac XR, Omeprazole, and Tramadol ER. He rates his pain as moderate to severe, 7-8/10, worse with activity. On 5/30/13, the patient underwent general toxicology testing which was positive for Meprobamate and ethyl glucuronide. The progress report of 7/25/14 states the patient's left knee pain is gone, but his back and neck pain are unchanged. Objective testing performed revealed well healed scars, positive quadriceps atrophy, positive crepitus, positive medial joint line tenderness, mild and positive varus/valgus laxity. Opening is less than 1 cm on valgus stress. Range of motion of the knee is flexion is 135 degrees (normal, right and left) and extension at 0 degrees on the left and right (normal). The patient is assessed as follows: left knee patellofemoral pain syndrome, left knee MCL grade 1 strain, left knee status post arthroscopy, lumbar strain and compensatory consequence. The utilization review of 08/20/14 notes requested treatment of Tramadol ER 150 mg and a Functional Capacity Evaluation. Tramadol ER 150 mg amount is modified to 40 tablets, but the FCE is denied because the guidelines (FCE is recommended after work hardening program) for performing the evaluation have not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. The chronic use of opioid is not supported by the guidelines. Therefore, the medical necessity of this request is not established.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 48-49; 181-185; 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Exam and on Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2150654/>.

Decision rationale: ODG Guidelines indicate that FCE can be considered if there is prior unsuccessful RTW (return to work) attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities, close or at MMI (maximum medical improvement)/all key medical reports secured, and additional/secondary conditions need to be clarified. Since the medical record did not demonstrate any of the reasons above, the medical necessity of FCE is not established.