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| Case Number: | CM14-0155484 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 08/28/2009 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/28/2014 |
| 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, 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 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 55-year-old male with a date of injury of 08/28/2009. The listed diagnoses per [REDACTED] are: 1. Status post left knee surgery. 2. Left knee, lower extremity swelling. 3. Left knee lateral internal derangement. According to progress report 08/21/2014, the patient is status post left knee surgery from June 2014 and continues to complain of throbbing pain rated as 9/10. Examination of the left knee revealed range of motion is full with minor discomfort during extension. There was diffuse swelling of the knee, shin, ankle and foot noted. This is a request for tramadol 50 mg #30, Elavil 20 mg #30, and naproxen 550 mg #60. Utilization review denied the request on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 76-78.

Decision rationale: This patient is status post left knee surgery in June 2014. There is a request for tramadol 50 mg #30. Review of the medical file which includes progress reports from 10/11/2013 through 08/21/2014 provides no discussion of Tramadol. It is unclear if this is an initial request or request for refill. [REDACTED] progress reports continually request authorization for pharmacy and states "See attached medication list." However, the medication list is not attached in his progress reports. It is unclear what patient's medication regimen is. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. For opiate management, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior). In this case, given the lack of sufficient documentation for Tramadol, recommendation cannot be made. Recommendation is for denial.

Elavil 25mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment

Decision rationale: This patient is status post left knee surgery in June 2014 and continues with pain. The treater is requesting Elavil 25 mg #30. There is no discussion of this request. The MTUS support tricyclic antidepressants for chronic pain/neuropathic pain type of condition. ODG guidelines has the following regarding Remeron for insomnia, "Sedating antidepressants (e.g., amitriptyline, Trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." In this case, there is no indication that this patient suffers from depression. ODG recommends Amitriptyline to treat insomnia with coexisting depression. Elavil can also be used for neuropathic pain but this patient does not present with neuropathic pain. Recommendation is for denial.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; Anti-inflammatory medications Page(s): 60, 61; 22.

Decision rationale: This patient is status post left knee surgery in June 2014 and continues with pain. The treater is requesting a refill of naproxen 550 mg #60. The MTUS Guidelines page 22 on antiinflammatory medications states that antiinflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may

not be warranted. Review of the medical file indicates the patient has been prescribed this medication since 2013. The treater provides no indication that this medication is providing pain relief or functional improvement. MTUS page 60 requires pain assessment and functional changes for medications that are used for chronic pain. Given the lack of discussion regarding this medication's efficacy, recommendation is for denial.