

Case Number:	CM14-0169440		
Date Assigned:	10/17/2014	Date of Injury:	04/23/2013
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 34-year-old female with an injury date of 04/23/2013. According to the 07/08/2014 progress report, the patient complains of left knee pain. She describes popping, locking, giving away of her knee and describes swelling. She also has shoulder pain, right greater than left. In regards to her left knee, there is evidence of small traumatic lacerations anteriorly that are healed close to where the arthroscopic portals will be, but the patient denies any surgery. She has pain to extension of the knee. There is tenderness with McMurray's testing over the lateral joint compartment. The 06/27/2014 report indicates that the patient has a limited range of motion and pain in her cervical/lumbar spine, left/right shoulder, left/right wrist, left/right knee, and left ankle. The 08/04/2014 MRI of the cervical spine revealed a 1- to 2-mm disk herniation mid-cervical spine. The 07/30/2014 ultrasound of the bilateral wrists revealed the following: 1. Bilateral median nerve fusiform enlargement (mild findings). 2. Bilateral normal first dorsal compartment. 3. Bilateral normal common extensor tendons. 4. Bilateral normal TFC. The 06/16/2014 MRI of the left knee revealed the following: 1. Horizontal tear lateral meniscus with moderate-sized parameniscal cyst. 2. Osteochondral injury seen at the lateral tibial plateau extending just beneath the anterior root of the lateral meniscus. Correlate also with clinical suspicion for instability related to the anterior root. The patient is diagnosed with left knee injury rule out meniscal tear. The utilization review determination being challenged is dated 09/19/2014. Treatment reports were provided from 03/27/2014 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixty (60) tablets of Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

Decision rationale: Based on the 07/08/2014 progress report, the patient complains of having left knee pain and shoulder pain, right greater than left. The request is for 60 tablets of Flexeril 10 mg. None of the reports provided provide any discussion regarding Flexeril and the report with the request was not provided. MTUS page 64 states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, there is no indication of when the patient began taking Flexeril, nor is it known if this patient intends on taking this medication for long-term or short-term basis. Therefore, the treatment is not medically necessary and appropriate.

Thirty (30) tablets of Tramadol 50mg: 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: Based on the 07/08/2014 progress report, the patient complains of having left knee pain and shoulder pain, right greater than left. The request is for 30 tablets of tramadol 50 mg. Tramadol was first mentioned on the 06/19/2014 report; there is no indication of when the patient began taking this medication. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed to 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 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the 06/19/2014 report states, "Refill meds; tramadol." No further discussions on tramadol were provided. The treater fails to mention any pain scales, adverse side effects/behavior, or any changes in ADLs. Therefore, the treatment is not medically necessary and appropriate.