

Case Number:	CM14-0178433		
Date Assigned:	10/31/2014	Date of Injury:	02/21/2013
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine 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:

This is a 66 year old male patient who sustained an injury on 02/21/2013. He sustained the injury due to a slip and fall incident. The diagnoses are lumbar sprain, wrist sprain and knee degenerative joint disease and osteoarthritis. Per the doctor's note dated 9/23/14, patient had complaints of right knee pain and increased pain with ADLs. Physical examination revealed pain and tenderness to right knee. Per the EMG/NCS dated 8/15/14, he had complaints of low back pain with radiation to the legs with tingling and numbness. Physical examination revealed decreased lumbar range of motion, no tenderness, normal strength and deep tendon reflexes and decreased sensation in a stock gloving pattern in the bilateral extremity and except in a bilateral L5 distribution. The medication list includes tramadol and anaprox. He has had right knee MRI dated 7/7/14 which revealed 2 cm lobulated septated ganglion cyst identified within the posterolateral soft tissues of the knee adjacent to the distal femoral metaphysis, signal alteration seen within the distal quadriceps and proximal patellar tendons compatible with tendinosis/degenerative change, mild edema seen within the anterior subcutaneous fat of the knee, in the setting of trauma, this could represent a soft tissue contusion; MRI lumbar spine dated 7/25/14 which revealed at the L4-L5 a 3 mm broad-based disc bulge with mild neural foraminal narrowing bilaterally greater on the left than the right and no significant central spinal canal stenosis, at the L5-S1 level a 2 mm disc bulge with no significant central spinal canal stenosis or neural foraminal narrowing and mild-to-moderate levoscoliosis; electro-diagnostic study dated 8/15/14 which revealed right chronic L5 radiculopathy; MRI right knee dated 8/15/14 which revealed mild sprain of the medial collateral ligament as well as mild chronic partial tear versus tendinopathy with intermediate signal involving the medial collateral ligament, thinning and splaying of the anterior cruciate ligament; achronic partial tear versus tendinopathy,

a small joint effusion and mild chondromalacia involving the patellar articular cartilage as well as the tibial eminences. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central Acting Analgesics, Opioids For Neuropathic Pain, Page(s): 75,82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The pt has objective electro-diagnostic evidence of lumbar radiculopathy. The pt also has a significant abnormal findings on the knee MRI. Therefore there is evidence of conditions that cause chronic pain with episodic exacerbations.

Anaprox 550 mg # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAID Page(s): 22;67.

Decision rationale: Anaprox contains naproxen which is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had low back and right knee pain. NSAIDs are considered first line treatment for pain and inflammation. The request for Anaprox 550 mg # 60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

