MAXIMUS Federal Services

Case Number:	CM14-0020597		
Date Assigned:	04/30/2014	Date of Injury:	07/08/1999
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine, and is licensed to practice in . 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 male who was injured on 07/08/1999. Mechanism of injury is unknown. The available records submitted provide poor information. PR-2 dated 10/07/2013 documented the patient reports excellent response to Synvisc injections with significant reduction in symptoms. There were no objective findings. Diagnosis: Internal derangement of knee. Treatment Plan: Return prn if symptoms increase. UR report dated 02/10/2014 modified the request for Tramadol and meloxicam to Tramadol 50 mg 1 po q6h prn moderate to severe pain #30 and meloxicam 7.5 mg 102 qd for anti-inflammatory pain #40. The tramadol benefits are small (112% decrease in pain intensity from baseline). Adverse events often cause patient to discontinue this medication and there are no long-term studies to allow for recommendation for longer than three months. Concerning meloxicam, there is chronic use of NSAIDs for the condition described and cited guidelines note "it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." The request for Voltaren Gel lacks adequate MTUS guidelines for chronic use and an oral NSAID is used. Topical Lidoderm patches are used however cited guidelines are not met for local neuropathic pain with evidence of trial of first line therapy (tri-cyclic or anti-depressants or an anti-epileptic drug such as gabapentin or Lyrica. SO/mp.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 113, 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. There are no long-term studies to allow for recommendation of longer than 3 months use. The guidelines state 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. The medical records do not establish pain reduction or functional improvement from use of Tramadol. Duration of use is not documented. Medical necessity is not established.

VOLTAREN GEL 1% TO BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the CA MTUS guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Voltaren Gel 1% (diclofenac) is an FDA approved topical analgesic agent that is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Guidelines do not recommend long-term use. Pain reduction and functional benefit are not documented in the available records. Medical necessity is not established.

LIDODERM PATCHES, BRAND NAME: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: The CA MTUS guidelines state topical lidocaine may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records do not establish this patient has neuropathic pain. In addition, failure of the recommended first-line therapy has not been documented. Functional benefit and pain reduction are not documented. Medical necessity is not established.

MELOXICAM 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and Mobic meloxicam Page(s): 67-68, 63.

Decision rationale: According to the CA MTUS guidelines, in treatment of osteoarthritic pain, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Meloxicam is recommended of osteoarthritis. Use for mild to moderate pain is off-label. The medical records provided do not include documentation of present subjective complaints, objective findings, and patient's response to medications. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The medical records do not reflect the patient has had any benefit with use of this medication. Furthermore, the medical records do not establish the patient has presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. The medical necessity of meloxicam has not been established.