

Case Number:	CM14-0029646		
Date Assigned:	06/16/2014	Date of Injury:	06/11/2009
Decision Date:	07/17/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 64-year-old female with a 6/11/09 date of injury and status post right hip replacement 4/27/12. At the time (2/12/14) of the Decision for pharmacy purchase of Tramadol HCL tabs 50 mg non formulary qty: 100 and pharmacy purchase of Diclofenac sodium TBEC 75mg non-formulary qty: 100, there is documentation of subjective (moderate right hip pain with numbness, right buttock pain, and compensatory left knee pain with difficulty performing activities of daily living) and objective (shortened right leg, atrophy at the right buttock and thigh, and tenderness to palpation within the buttock and into the right thigh) findings, current diagnoses (status post total right hip replacement 4/27/12 and knee sprain/strain), and treatment to date (ongoing therapy with pain medications (Tramadol and Diclofenac) and physical therapy). Regarding pharmacy purchase of Tramadol HCL tabs 50 mg non formulary qty: 100, there is no documentation of Tramadol used as a second-line treatment (alone or in combination with first-line drugs), that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tramadol. Regarding pharmacy purchase of Diclofenac sodium TBEC 75mg non-formulary qty: 100, there is no documentation of osteoarthritis pain and exacerbations of chronic pain, Diclofenac not used as first line therapy, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TRAMADOL HCL TABS 50 MG NON FORMULARY QTY: 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post total right hip replacement 4/27/12 and knee sprain/strain. In addition, there is documentation of moderate pain. However, despite documentation of an associated request for Diclofenac, there is no (clear) documentation of Tramadol used as a second-line treatment (alone or in combination with first-line drugs). In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing therapy with Tramadol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for Tramadol HCL tabs 50 mg non formulary qty: 100 is not medically necessary.

PHARMACY PURCHASE OF DICLOFENAC SODIUM TBEC 75MG NON-FORMULARY QTY: 100: 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) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac Sodium.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. ODG identifies that Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of diagnoses of status post total right hip replacement 4/27/12 and knee sprain/strain. In addition, there is documentation of moderate chronic pain. However, there is no documentation of osteoarthritis pain and exacerbations of chronic pain. In addition, despite documentation of an associated request for Tramadol, there is no (clear) documentation that Diclofenac is not used as first line therapy. Furthermore, given documentation of ongoing therapy with Diclofenac, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Diclofenac. Therefore, based on guidelines and a review of the evidence, the request for pharmacy purchase of Diclofenac sodium TBEC 75mg non-formulary qty: 100 is not medically necessary.