MAXIMUS Federal Services

Case Number:	CM14-0039502		
Date Assigned:	06/27/2014	Date of Injury:	10/15/2010
Decision Date:	08/19/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/03/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 44-year-old individual was reportedly injured on 10/15/2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 3/14/2014 indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated left knee range of motion extended to 180 and flexed to 110. The injured employee wears a knee brace for support. No recent diagnostic studies were available for review. Previous treatment included injections, medications, physical therapy, and a TENS unit. A request had been made for Tramadol ER 150 mg #30, Gabapentin 600 mg #90 and was not certified in the pre-authorization process on 3/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID Page(s): 93 AND 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic, and it is not recommended as a first-line oral analgesic. MTUS guidelines support the use of Tramadol

(Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

GABAPENTIN 600MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROPATHY Page(s): 18, 41, 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The MTUS considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there was no evidence of neuropathic and/or radicular pain on examination. As such, the requested medication is deemed not medically necessary.

NAPROXEN 550 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. A review the medical documentation provided did not identify the diagnostic studies or associate diagnosis of osteoarthritis for the injured worker. Therefore, this request is deemed not medically necessary.