

Case Number:	CM14-0042722		
Date Assigned:	06/30/2014	Date of Injury:	06/18/2012
Decision Date:	08/13/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of June 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; knee corticosteroid injection therapy; extensive periods of time off of work; and unspecified amounts of physical therapy. In a Utilization Review Report dated March 24 2014, the claims administrator denied a request for Tramadol and Motrin outright. The claims administrator did not incorporate any guidelines into its rationale but based its denial on poor supporting information on the part of the attending provider. The applicant's attorney subsequently appealed. A July 3 2013, handwritten progress note was notable for comments that the applicant had persistent complaints of knee pain, was not working, and was using Ultram and Motrin for pain relief at this point in time. It was suggested that the applicant had been terminated by her former employer. It was stated on a February 20 2014, medical-legal report that the applicant should pursue previously recommended ultrasound-guided corticosteroid injection therapy to the knee and attend additional physical therapy. The medical-legal evaluator acknowledged that the applicant was not working. A sparse, difficult to follow, and not entirely legible handwritten note of March 5 2014 was notable for complaints of bilateral knee pain with associated crepitation and weakness. While an administrative hearing was pending, the applicant was placed off of work on total temporary disability. The applicant's complete medication list was not provided on this occasion although it appears that Motrin and Tramadol were renewed on earlier prescription from the date of March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning and/or reduced pain achieved a result of the same. However, the applicant is off of work on total temporary disability. The attending provider's handwritten progress notes failed to make any mention of appropriate analgesia and/or improved performance of activities of daily living achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Motrin 800mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that anti-inflammatory medication such as Motrin do represent the traditional first line of treatment for various chronic pain medications including the chronic knee pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant has been on Motrin for what appears to be several months. There has been no discussion of medication efficacy incorporated to any of the recent handwritten progress notes. The applicant is off of work, on total temporary disability. There have been no documented improvements in pain or function as a result of ongoing Motrin usage. Despite ongoing usage of Motrin, the applicant remains reliant on other forms of medical treatment including physical therapy and knee corticosteroid injection therapy, implies a lack of functional improvement as defined in MTUS 9792.20f,. Therefore, the request for Motrin is not medically necessary.