

Case Number:	CM14-0087775		
Date Assigned:	07/23/2014	Date of Injury:	05/16/2011
Decision Date:	09/23/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/11/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 61-year-old male who reported an injury on 05/16/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the right knee. The injured worker's treatment history included right knee surgery, followed by postoperative physical therapy and multiple medications to assist with chronic pain management. The injured worker was evaluated on 04/18/2014. It was documented that the injured worker had right knee pain, cervical spine pain, and right hip pain. It was noted that medications decrease the injured worker's pain levels and allows for maintenance of activities of daily living. The injured worker's medications included tramadol extended release 300 mg, hydrocodone 7.5/650 mg, naproxen sodium 550 mg, pantoprazole 20 mg, and orphenadrine extended release 100 mg. Objective clinical findings included tenderness to the right knee with restricted range of motion described as 0 to 90 degrees in flexion, limited cervical spine range of motion secondary to pain, and no significant abnormalities identified to the right hip. The injured worker's diagnoses included status post arthroscopy with partial medial meniscectomy, status post arthroscopic chondroplasty, medial femoral right knee, cervical pain with upper extremity symptoms, reactive depression, and headache. The injured worker's treatment plan included refills of medications. A Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL cap 150mg ER: 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 Opioids. On-going Management Page(s): 78.

Decision rationale: The requested Tramadol HCL cap 150mg ER are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends opioids be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has pain relief resulting in the ability to maintain activities of daily living and is monitored for aberrant behavior with urine drug screens. Therefore, ongoing use of this medication would be supported in this clinical situation. However, the request as it is submitted does not clearly identify a frequency of treatment or quality. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Tramadol HCL cap 150mg ER is not medically necessary or appropriate.

Hydrocodone/APAP 7.5/650 TB: 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 Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Hydrocodone/APAP 7.5/650 TB are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends opioids be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has pain relief resulting in the ability to maintain activities of daily living and is monitored for aberrant behavior with urine drug screens. Therefore, ongoing use of this medication would be supported in this clinical situation. However, the request as it is submitted does not clearly identify a frequency of treatment or quality. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Hydrocodone/APAP 7.5/650 TB is not medically necessary or appropriate.

Naproxen sod tab 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: The requested Naproxen sod tab 550mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs as a first line treatment in the management of chronic pain. However, continued use should be supported by functional benefit and pain relief. The clinical documentation does indicate that the injured worker has pain relief that allows for maintenance of activities of daily living. Therefore, ongoing use of this medication would be supported in this clinical situation. However, the request as it is submitted does not clearly identify a frequency of treatment or quality. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Naproxen sod tab 550mg are not medically necessary or appropriate.

Pantoprazole tab 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Pantoprazole tab 20mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of a gastrointestinal protectant be supported by documented risk factors of the development of gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at significant risk for developing gastrointestinal events. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Pantoprazole tab 20mg is not medically necessary or appropriate.

Orphenadrine tab 100mg ER: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The requested Orphenadrine tab 100mg ER is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants be limited to short durations of treatment, not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has previously used this medication. Therefore, additional treatment would not be supported in this clinical situation. Furthermore, the request as it is submitted does

not clearly identify a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Orphenadrine tab 100mg ER is not medically necessary or appropriate.