

Case Number:	CM14-0088915		
Date Assigned:	07/23/2014	Date of Injury:	08/28/2013
Decision Date:	09/10/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 Management and is licensed to practice in Texas & Oklahoma. 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 57-year-old male who reported injury on 08/28/2013 due to stumbling, hitting a tree stump, losing his balance and twisting his knee. The injured worker has diagnoses of left knee medial meniscus tear and sprain/strain of the left knee and leg. The injured worker's past medical treatment includes therapeutic exercise, stretching program, electrical stimulation, joint mobilization, cryotherapy, hot packs, ultrasound, exercise kit for home use, a home exercise program, STM/MFR unit, K tape and medication therapy. Medications include tramadol 50 mg one 2 times a day and naproxen 550 one 2 times a day. Frequency and duration were not documented in submitted report. An MRI revealed that the injured worker had medial and lateral meniscus tears. MRI was done on 09/26/2012. The injured worker complained of left knee pain, which he rated at a 6/10 pain. The physical examination dated 09/16/2013 of the injured worker's left knee revealed that it was tender at the medial joint line. The patella did not have subluxation. The left patella was tender. There was no joint effusion present in the knee. The popliteal fossa was non tender. Abduction/adduction stress testing was negative for integrity of the collateral ligament. McMurray's test was positive for meniscal tears. There was a positive patellofemoral grind test for retro patellar pathology. Range of motion of the left knee was normal per AMA guidelines. There was a 5/5 muscle strength on strength testing of the lower left extremity in extension and flexion. The treatment plan is for the injured worker to continue the use of Condrolite and Tramadol. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine (and chondroitin sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The injured worker complained of left knee pain, which he rated at a 6/10 pain. The Medical Treatment Utilization Schedule (MTUS) guidelines recommend Condrolite as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate (GS) on all outcomes, including joint space narrowing, pain, mobility safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Given that the use of Condrolite is for osteoarthritis there is no medical necessity for this medication for the injured worker. There was no evidence in submitted report stating that osteoarthritis was one of the diagnoses of the injured worker. Therefore, the request for Condrolite 500/200/150mg #120 is not medically necessary.

Tramadol 50 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol) Page(s): 78,93-94.

Decision rationale: The injured worker complained of left knee pain, which he rated at a 6/10 pain. The California Treatment Utilization Schedule (MTUS) guidelines state central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. MTUS Guidelines also state that there should be a current pain assessment that should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. As per guidelines, recommendations state that tramadol is not recommended as a first line oral analgesic. The submitted report lacked any information suggesting that the injured worker had

any neuropathic pain. The report also lacked any evidence of effectiveness of the medication. There were no notes suggesting what pain levels were before, during and after the medication. There was no documentation of the 4 A's, to include analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. There were also no drug screens submitted for review. Furthermore, the request submitted did not include a frequency and duration for the tramadol. Given that the documentation submitted for review lacked evidence, the request for Tramadol 50mg #120 is not medically necessary.