MAXIMUS Federal Services

Case Number:	CM14-0186777		
Date Assigned:	11/14/2014	Date of Injury:	01/24/2014
Decision Date:	01/05/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 injured worker is a 63-year-old female who reported injury on 01/24/2014. The mechanism of injury was a fall. The diagnoses included right knee arthroscopic chondroplasty of the medial femoral condyle and patella surgery on 06/09/2014, right knee arthroscopic partial medial and lateral meniscectomy surgery on 06/09/2014, right knee medial meniscal tear per MRI on 02/20/2014, right tricompartmental synovectomy surgery on 06/09/2014, and right ankle sprain/strain. The past treatments included physical therapy. There was no imaging provided for review. The surgical history included was as stated in the diagnoses. The progress note, dated 09/22/2014, noted the injured worker complained of ongoing pain over her right knee which radiated to her right ankle, pain with any movement, and increased pain when her right knee is bent. The physical exam noted tenderness to palpation over the medial and lateral joint lines of the right knee, crepitus and effusion over the right knee, and significant quadriceps atrophy. The medications were not listed. The treatment plan requested to continue on medications as prescribed, and to continue the home exercise program. The Request for Authorization form was submitted for review on 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The request for Tramadol 50 mg #30 is not medically necessary. The injured worker had unmeasured pain to her right knee and ankle. The California MTUS Guidelines recommend opioids, including Tramadol, as second line treatment of moderate to moderately severe pain, and for long term management of chronic pain only when pain and functional improvements are documented. Pain should be assessed at each visit, and functioning should be measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed. There is a lack of documentation of the quality and severity of pain. It is unclear how long the injured worker has been using Tramadol. There is a lack of documentation of the efficacy of the medication. There is a lack of documentation of assessment of side effects and aberrant drug taking behaviors. Additionally, the frequency prescribed is not included within the request to support necessity. Of note, this medication typically requires weaning. Given the above, the continued use of Tramadol is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

Lidoderm 5%Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The request for Lidoderm 5% patches is not medically necessary. The injured worker had unmeasured pain to her right knee and ankle. The California MTUS Guidelines recommend Lidoderm patches, as the only approved form of topical Lidocaine, for neuropathic pain was localized peripheral pain after documented evidence of failure of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica), and is not recommended for non-neuropathic pain. There is a lack of documentation of the quality or severity of pain. There is a lack of evidence that the injured worker has been intolerant to or has not responded to prior treatments. There is a lack of evidence of neuropathic pain. There is a lack of evidence of failure of first line medications for neuropathic pain. The location and frequency intended for use is not included to support necessity. It is unclear how long the patient has been using Lidoderm patches. There is no documentation of the efficacy of the medication. Given the above, the continued use of Lidoderm is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.