

Case Number:	CM14-0187707		
Date Assigned:	11/18/2014	Date of Injury:	07/30/2014
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal 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 patient is an injured worker with a history of right knee crush injury, tibial plateau fracture, and proximal fibula fracture. Date of injury was 7/30/14. Treatment has included knee immobilizer, crutches, knee brace, physical therapy, and Norco. The primary treating physician's progress report dated 10/9/14 documented subjective complaints of right knee pain with popping and clicking. There was a complaint of right ankle pain. On physical examination, there was tenderness noted in the right medial and lateral joint line, patellar and subpatellar of the right knee. There was tenderness of the ankle. The range of motion of the flexion and plantar flexion was rated 100 degrees. Diagnoses included right knee contusion, crush injury, fracture of tibial plateau, right ankle contusion, and fracture of right fibula. Regarding the mechanism of injury, the patient sustained an injury due to pallet jack malfunction. The pallet jack continued rolling and pressed the right leg against a metal pillar behind the patient and the low metal platform of the machine crushed the right foot against the pillar. X-ray of the right knee dated 8/25/14 documented fibular fracture and tibial fracture. MRI magnetic resonance imaging of the right knee and ankle dated 08/09/14 noted a possible tear of the popliteal fibular ligament in the right knee and extensive edema in the lateral tibial plateau with a possible non-displaced lateral tibial plateau fracture in addition to the proximal fibula fracture. The MRI of the ankle is essentially unremarkable. The treatment plan included request for Naproxen and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg 1 PO QD #30 refill 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78 & 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. Medical records document objective evidence of pathology on physical examination and imaging studies. The patient has a history of right knee crush injury, tibial plateau fracture, and proximal fibula fracture. MRI magnetic resonance imaging of the right knee and ankle dated 08/09/14 noted a possible tear of the popliteal fibular ligament in the right knee and extensive edema in the lateral tibial plateau with a possible non-displaced lateral tibial plateau fracture in addition to the proximal fibula fracture. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. The use of Tramadol is supported by medical records and MTUS guidelines. Therefore, the request for Tramadol 150mg 1 PO QD #30 refill 1 is medically necessary.

Naproxen 550mg 1 PO BID PRN #60 Refill 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70 & 73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 388, 376.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for knee, leg, and ankle conditions. Medical records document objective evidence of pathology on physical examination and imaging studies. The patient has a history of right knee crush injury, tibial plateau fracture, and proximal fibula fracture. MRI magnetic resonance imaging of the right knee and ankle dated 08/09/14 noted a possible tear of the popliteal fibular ligament in the right knee and extensive edema in the lateral tibial plateau with a possible non-displaced lateral tibial plateau fracture in addition to the proximal fibula fracture. ACOEM guidelines support the use of Naproxen, which is an NSAID, for the patient's knee, leg, and ankle conditions. Therefore, the request for Naproxen 550mg 1 PO BID PRN #60 Refill 1 is medically necessary.