

Case Number:	CM14-0189807		
Date Assigned:	12/22/2014	Date of Injury:	09/26/1997
Decision Date:	03/03/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66-year-old individual who was injured at work on 09/26/1997. He is reported to have been suffering from knee pain, but the knee pain had subsided to 0/10 compared to 6/10 during his most recent visit. However, the left knee pain flared up after walking about one mile. The pain wakes him up from sleep 2-3 times a week. At that time, the pain is severe pain and associated with locking of the knee. His back pain has subsided to baseline with use of authorized medications. The physical examination revealed difficulty rising from the chair; mild antalgia favoring left. He sits with left leg extended. There was full range of motion of lumbar spine with pain; bilateral sacroiliac joint tenderness, and moderate paralumbar spasms, right greater than left; negative seated straight leg raise bilaterally. The right knee range of motion was 0-110 associated with with notable crepitus Left greater than right. There was mild to moderate edema of the knee, slight erythema; varus deformity. The worker has been diagnosed of Meniscal tear, carpal tunnel syndrome, chondromalacia. Treatments have included Alternating Acetaminophen with Tramadol; Flector patches, baclofen; leather/ walk activities; theraball exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice/hot packs: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45-47. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 09/26/1997. The medical records provided indicate the diagnosis of eniscal tear, carpal tunnel syndrome, chondromalacia. Treatments have included Alternating Acetaminophen with Tramadol; Flector patches, baclofen; leather/ walk activities; theraball exercises. The medical records provided for review do indicate a medical necessity for Ice/hot packs. The report indicates that this injured worker with chronic injury to his left knee had been without pain in his left knee until he walked one mile when the pain flared up. This is an acute exacerbation of a chronic pain condition. Therefore, the requested treatment is medically necessary, and appropriate. The guidelines state that it is more beneficial to the use of NSAIDs, and obviously it has less risk. This method of treatment is supported by both MTUS and Official Disability Guidelines.

Acetaminophen 500mg # 60, 3-6 month supply refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 8.

Decision rationale: The injured worker sustained a work related injury on 09/26/1997. The medical records provided indicate the diagnosis of eniscal tear, carpal tunnel syndrome, chondromalacia. Treatments have included Alternating Acetaminophen with Tramadol; Flector patches, baclofen; leather/ walk activities; theraball exercises. The medical records provided for review do not indicate a medical necessity for Acetaminophen 500mg # 60, 3-6 month supply refills. In accordance with the Medical Board of California Pain, the MTUS states that "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." Therefore, although it is appropriate to treat with acetaminophen for a short period, it is not medically necessary and appropriate to request a supply for 3-6 months.

Tramadol 50mg # 60, 3-6 month supply refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Opioids Page(s): 8; 78-81.

Decision rationale: he injured worker sustained a work related injury on 09/26/1997. The medical records provided indicate the diagnosis of eniscal tear, carpal tunnel syndrome, chondromalacia. Treatments have included Alternating Acetaminophen with Tramadol; Flector patches, baclofen; leather/ walk activities; theraball exercises. The medical records provided for review do not indicate a medical necessity for Tramadol 50mg # 60, 3-6 month supply refills. The opioids are not recommended as first-line treatment. Besides, when there is a justification for the use of opioids, the MTUS does not recommend it to be used for more than 70 days due to paucity of evidence supporting long-term use. Additionally, in accordance with the Medical Board of California Pain, the MTUS states that "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities..." Therefore, it is not medically necessary and appropriate to request a supply for 3-6 months.

Baclofen 20mg # 30, 3-6 month supply refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion; Muscle relaxants (for pain) Page(s): 8; 63-64;.

Decision rationale: The injured worker sustained a work related injury on 09/26/1997. The medical records provided indicate the diagnosis of eniscal tear, carpal tunnel syndrome, chondromalacia. Treatments have included Alternating Acetaminophen with Tramadol; Flector patches, baclofen; leather/ walk activities; theraball exercises. The medical records provided for review do not indicate a medical necessity for Baclofen 20mg # 30, 3-6 month supply refills. The MTUS does not support the use of any pharmacological treatment without periodic review; besides, the MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. However, though the injured worker is reported to have back spasms, the only recommended use of Baclofen in the MTUS is for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Therefore, the requested treatment is not medically necessary and appropriate.

Flector patch # 30, 3-6 month supply refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 8. Decision based on Non-MTUS Citation Pain(Chronic)

Decision rationale: he injured worker sustained a work related injury on 09/26/1997. The medical records provided indicate the diagnosis of eniscal tear, carpal tunnel syndrome, chondromalacia. Treatments have included Alternating Acetaminophen with Tramadol; Flector patches, baclofen; leather/ walk activities; theraball exercises. The medical records provided for review do not indicate a medical necessity for Flector patch # 30, 3-6 month supply refills. In accordance with the Medical Board of California Pain, the MTUS states that "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." Besides, the Official Disability Guidelines does not recommend the use of Flector patch, due to the risks associated with Diclofenac, the active ingredient.