

Case Number:	CM14-0191817		
Date Assigned:	11/25/2014	Date of Injury:	11/01/2013
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 a 43-year old female with an injury date on 11/1/13. Patient complains of left knee pain rated 6/10 localized on medial aspect of knee per 10/15/14 report. Patient reports having pain relief after initial acupuncture treatment per 10/15/14 report. The patient states that is a dull ache above and below the knee and inside the knee joints itself, radiating down the foot occasionally after long periods of sitting/standing, and in the mornings per 10/13/14 report. Based on the 10/15/14 progress report provided by the treating physician, the diagnosis is sprain of the left knee. A physical exam on 10/15/14 showed "range of motion of left knee is full." The patient's treatment history includes medication (ibuprofen), acupuncture, physical therapy (36 sessions which helped), home exercise program, 2 arthroscopic left knee surgeries. The treating physician is requesting tramadol ER 150mg QD PRN for severe pain #90 cyclobenzaprine hydrochloride tablets 7.5mg 1PO every 8 hours PRN #120. The utilization review determination being challenged is dated 10/27/14 and denies request as patient is said to be on opiates long term, and muscle relaxants are not meant for long term use. The requesting physician provided treatment reports from 4/29/14 to 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG QD PRN FOR SEVERE PAIN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 64-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with left knee pain. The physician has asked for Tramadol Er 150mg every day as needed for Severe Pain but the requesting progress report is not included in the provided documentation. The patient has no record of taking Tramadol. The patient was given medications for pain relief; however, has not been taking them currently" per 10/13/14 report. The only specific medication recorded as being given to patient is Ibuprofen in 5/20/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the utilization review letter dated 10/27/14 states that the patient had prior opioid usage without adequate documentation for continuation, but the 10/13/14 report states the patient is not using medication currently. Trial of Tramadol would be reasonable if other medications have failed but there is no such documentation. As such, the use of Tramadol is not medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG 1 PO EVERY 8 HOURS PRN #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with left knee pain. The physician has asked for Cyclobenzaprine Hydrochloride Tablets 7.5mg 1po Every 8 Hours Prn #120 but the requesting progress report is not included in the provided documentation. The patient has no record of taking Cyclobenzaprine. The patient "was given medications for pain relief; however, has not been taking them currently per 10/13/14 report. The only specific medication recorded as being given to patient is Ibuprofen in 5/20/14 report. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the 10/13/14 report states the patient is not using medication currently. As for Flexeril, MTUS supports it for short-term to address flare-up's or for a new injury. In this case, there is no discussion that this is to be used for a short-term. The requests are not medically necessary.