

Case Number:	CM14-0194070		
Date Assigned:	12/01/2014	Date of Injury:	01/11/2013
Decision Date:	01/14/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/19/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 1/11/13. He was seen by his primary treating physician on 10/21/14 with complaints of ongoing right knee pain and weakness. His exam showed a mildly antalgic gait. He had positive lumbar spine paraspinal muscle tenderness. His right knee was swollen with medial joint line and patellar facet tenderness. He had normal strength and reflexes of his lower extremities and negative straight leg raise bilaterally. His medications included Norco, Ultram and ibuprofen. His diagnoses were right knee pain/strain and lateral meniscus tear. At issue in this review are the refill of Norco and tramadol (length of prior prescription not documented in note) and a urine drug screen. Prior urine drug screen was obtained on 10/14/14 and was consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pian Chapter; Criteria for use of drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77-78.

Decision rationale: This injured worker has chronic back and knee pain with an injury sustained in 2013. The medical course has included use of several medications including narcotics, NSAIDs and tramadol. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has confirmed the use of prescribed medications. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of a urine drug screen is not substantiated in the records therefore the request is not medically necessary.

Tramadol 50mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: This injured worker has chronic back and knee pain with an injury sustained in 2013. The medical course has included use of several medications including narcotics, NSAIDs and tramadol. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of Tramadol is not substantiated therefore the request is not medically necessary.

Norco 5/325mg quantity 90 provided on 10/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic back and knee pain with an injury sustained in 2013. The medical course has included use of several medications including narcotics, NSAIDs and tramadol. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records therefore the request is not medically necessary.