

Case Number:	CM14-0199527		
Date Assigned:	12/09/2014	Date of Injury:	06/03/2013
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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 44 year old male with an injury date of 06/03/13. Based on the 06/24/14 progress report, the patient complains of right knee pain which he rates as a 7/10. He also has left knee pain. He has an antalgic gait favoring the right knee. The 08/13/14 report indicates that the patient rates his pain as an 8/10 for his right knee and a 6/10 for his left knee. There is mild edema over the medial and lateral aspects of the right patella. He had a positive McMurray's test bilaterally over the lateral tibiofemoral joint space on the right knee and discomfort over the medial tibiofemoral joint space over the left knee. The patella grin test over the right knee was positive. The 10/16/14 report states that the patient rates his right knee pain as a 7/10 and has minimal discomfort in the left knee. The patient's diagnoses include the following: 1.Osteoarthritis 2.Lateral meniscus tears involving the anterior horn body and the posterior horn 3.Partial tears of the ACL and possibly the PCL 4.Patellar tendinopathy 5.Synovitis of the right knee, clinically 6.Chondromalacia of the patella of the right knee, clinically 7.Internal derangement of the left knee, clinically The utilization review determination being challenged is dated 11/06/14. Treatment reports were provided from 04/03/14- 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 Ref: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: The patient presents with right knee and left knee pain. The request is for Tramadol 50 mg #60 REF: 1. The patient has been taking Tramadol as early as 06/24/14. 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 4A's (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. The 06/24/14 report says that the patient rates his pain as a 7/10. The 08/13/14 report indicates that the patient rates his pain as an 8/10 for his right knee and a 6/10 for his left knee. The 08/13/14 report continues to state that the patient "currently utilizes Tramadol and Tizanidine medications for symptomatic relief of pain and discomfort. The patient states that these medications improve his symptomatology." The 10/16/14 report says that the patient rates his right knee pain as a 7/10. Although there were pain scales mentioned, not all 4 A's were addressed as required by MTUS. There were no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Tramadol is not medically necessary.

Tizanidine 4mg #30 Ref: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex (Tizanidine) Medications for chronic pain Page(s): 66; 60-61.

Decision rationale: The patient presents with right knee and left knee pain. The request is for Tizanidine 4 mg #30 REF: 1. The patient has been taking Tizanidine as early as 06/24/14. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, the 06/24/14 report says that the patient rates his pain as a 7/10. The 08/13/14 report indicates that the patient rates his pain as an 8/10 for his right knee and a 6/10 for his left knee. The 08/13/14 report continues to state that the patient "currently utilizes Tramadol and Tizanidine medications for symptomatic relief of pain and discomfort. The patient states that these medications improve his symptomatology." The 10/16/14 report says that the patient rates his right knee pain as a 7/10. It would appear, however, that Tizanidine is prescribed for the patient's knee pains. This medication is indicated for myofascial pain, LBP and fibromyalgia pain per MTUS. Therefore, the request is not medically necessary.

