

<b>Case Number:</b>	CM14-0199996		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/27/2000
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 injured worker (IW) is a 44-year-old woman with a date of injury of May 27, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is degenerative joint disease left knee. Pursuant to the progress note dated November 17, 2014, the IW reports some improvement in pain relief. She has improved range of motion and function of the left knee with the first Synvisc injection. Physical examination revealed slight varus deformity, trace effusion, and mild extension lag. She remains disabled. Current medications include Norco 7.5/325mg, and Tramadol 50mg. In a progress note dated February 10, 2014, the IW was taking both Norco and Tramadol at that time. There were no detailed pain assessments or evidence of objective functional improvement associated with the aforementioned medications. The current request is for Tramadol/APAP 37.5/325mg #200 with a refill, and Ferrous Sulfate 325mg #100 with 1 refill. There was no documentation in the medical record the IW had iron deficiency anemia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg, #200 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol/APAP 37.5/325 mg #200 with one refill is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is being treated for degenerative joint disease left knee. The injured worker is 44 years old with a date of injury May 27, 2000. The treating physician was prescribing both hydrocodone and Tramadol as far back as February 10, 2014. This was a refill and it is unclear as to the exact starting date for this opiate medications. In a June 9 progress note hydrocodone was renewed for a quantity of 100 tablets. There was no risk assessment in the medical record and no urine drug screens in the medical record. The duration of the use is unclear from the medical documentation. It appears from the documentation the treating physician is prescribing tramadol and hydrocodone for degenerative joint disease of the left knee (according to the progress notes). There was no documentation indicating objective functional improvement relating to either narcotic. Consequently, absent the appropriate clinical documentation, evidence of objective functional improvement, and risk assessment (due to the long-term use of opiates) tramadol/APAP 37.5/325 mg #201 refill is not medically necessary.

**Ferrous Sulfate 325mg, #100 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 6. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://www.drugs.com/ferrous\\_sulfate.html](http://www.drugs.com/ferrous_sulfate.html).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, Ferrous Sulfate 325 mg #100 with one refill is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning in the patient with chronic pain. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. Ferrous sulfate is indicated for iron deficiency anemia. In this case, the injured worker is a 44-year-old woman with a date of injury May 27, 2000. The documentation addresses the left knee degenerative joint disease. There is no discussion/documentation in the medical record indicating iron deficiency anemia. Additionally, there is no causal relationship established between the need for iron and the work injury. Consequently, Ferrous Sulfate 325 mg #100 with one refill is not medically necessary.

