

Case Number:	CM14-0204406		
Date Assigned:	12/16/2014	Date of Injury:	11/30/2009
Decision Date:	02/20/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/07/2014

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 49-year-old female who reported an injury on 11/30/2009. The injury reportedly occurred when the injured worker's right knee buckled and she grabbed a railing to stop herself from falling. She was diagnosed with right knee pain status post surgery with lateral meniscectomy and chondroplasty. Her past treatments were noted to include physical therapy and medications. No diagnostic studies were provided. Her surgical history was noted to include status post surgery with lateral meniscectomy and chondroplasty. On 01/20/2015, the injured worker went in for a follow-up for the right knee. On physical examination, she was noted to have tenderness along the lateral knee with weakness to resisted function being noted. Current medications were not provided. The treatment plan included medications, a TENS unit, an MRI of the lumbar spine, a request for a 10 panel urine screen, and a followup appointment. A request was submitted for 1 Defiance brace molded plastic lower knee addition and upper knee addition, 1 prescription of Flexeril 7.5 mg #60, 1 prescription of tramadol ER 150 mg #30, and 1 prescription of Norco 10/325 mg #120; however, the rationale for the request was not provided. A Request for Authorization was submitted on 01/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request: 1 Defiance Brace Molded plastic lower knee addition and upper knee addition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The request for prospective request: 1 Defiance brace molded plastic lower knee addition and upper knee addition is not medically necessary. The California MTUS/ACOEM Guidelines recommend a brace for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional. Usually a brace is necessary if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. The clinical documentation submitted for review does not provide evidence of patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. Furthermore, there is no indication that the injured worker will be stressing the knee under load, such as climbing ladders or carrying boxes. Additionally, the clinical documentation submitted for review lacks evidence of significant functional deficits to warrant the need for a brace. Given the above information, the request is not supported by the guidelines. As such, the request for prospective request: 1 Defiance brace molded plastic lower knee addition and upper knee addition is not medically necessary.

Prospective request: 1 prescription of Flexeril 7.5mg # 60: Upheld

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

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

Decision rationale: The request for prospective request: 1 prescription of Flexeril 7.5 mg #60 is not medically necessary. The California MTUS Guidelines recommend for a short course of therapy as a skeletal muscle relaxant. The clinical documentation indicated that injured worker has been on Flexeril since at least 04/2013, which surpassed the recommend short course of therapy. Additionally, there is no evidence of spasm on exam to support the use of the medication. Furthermore, the request as submitted does not specify a frequency of use. In the absence of this documentation, the request is not supported. As such, the request for prospective request: 1 prescription of Flexeril 7.5 mg #60 is not medically necessary.

Prospective request: 1 prescription of Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for prospective request: 1 prescription of tramadol ER 150 mg #30 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It was noted that the injured worker has been on Tramadol since at least 04/2013. The documentation submitted for review does not indicate that the use of the opioid provides pain relief for her, nor does it indicate that it helps increase her ability to perform activities of daily living. There is also a lack of evidence for consistent urine drug screens, verifying appropriate medication use. Based on the documentation provided, the use of the opioid would not be supported by the guidelines. Additionally, the request as submitted does not specify a frequency of use. As such, the request for prospective request: 1 prescription of tramadol ER 150 mg #30 is not medically necessary.

Prospective request: 1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for prospective request: 1 prescription of Norco 10/325 mg #120 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It was noted that injured worker has been on the medication since 02/2014. The documentation submitted for review does not indicate that the use of the opioid provides pain relief for her, nor does it indicate that it helps increase her ability to perform activities of daily living. There is also a lack of evidence for consistent urine drug screens, verifying appropriate medication use. Based on the documentation provided, the use of the opioid would not be supported by the guidelines. Additionally, the request as submitted does not specify a frequency of use. As such, the request for prospective request: 1 prescription of Norco 10/325 mg #120 is not medically necessary.