

Case Number:	CM14-0044443		
Date Assigned:	07/02/2014	Date of Injury:	09/12/2011
Decision Date:	04/07/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 9/12/11. On 4/11/14, the injured worker submitted an application for IMR for review of Ibuprofen tablets 800mg, #90 (thirty day supply), and Tramadol HCL tablets 200mg ER #30 (thirty day supply). The treating provider has reported (9/24/13) the injured worker complained of left knee pain. The diagnoses have included joint pain left leg, LOC primary osteoarthritis left leg; chondromalacia; chondromalacia patellae, tear medial meniscus left knee. Treatment to date has included Synvisc One injection left knee 9 no date). On 4/4/14 Utilization Review non-certified Ibuprofen tablets 800mg, #90 (thirty day supply), and Tramadol HCL tablets 200mg ER #30 (thirty day supply). The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen tablets 800mg, #90 (thirty day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with unrated left knee pain somewhat improved after recent Synvisc injection. The patient's date of injury is 09/12/11. Patient is status post steroid injection to the left knee dated 11/26/13, and 1 Synvisc injection to the left knee dated 09/24/13. The request is for IBUPROFEN TABLETS 800MG #90 (30 DAY SUPPLY). The RFA was not provided. Physical examination dated 11/26/13 reveals a moderate degree of crepitus to the left knee and reduced range of motion. No other physical findings are included. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regards to the request for Ibuprofen, the treater has not documented pain reduction or functional improvement attributed to this medication. It is unclear how long this patient has been taking Ibuprofen and to what effect. NSAIDs such as Ibuprofen are considered first line medication for complaints of this type, though without a clear rationale for utilization or established prior efficacy medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.

Tramadol HCL tablets 200mg ER #30 (thirty day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with unrated left knee pain somewhat improved after recent Synvisc injection. The patient's date of injury is 09/12/11. Patient is status post steroid injection to the left knee dated 11/26/13, and 1 Synvisc injection to the left knee dated 09/24/13. The request is for TRAMADOL HCL TABLETS 200MG ER #30 (30 DAY SUPPLY). The RFA was not provided. Physical examination dated 11/26/13 reveals a moderate degree of crepitus to the left knee and reduced range of motion. No other physical findings are included. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently working. MTUS Chronic Pain Medical Treatment 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. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol

states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regards to the request for continuing treatment with Tramadol for the management of this patient's chronic pain, treater has not provided adequate documentation to continue this medication. It is not clear how long this patient has been taking Tramadol and to what effect. Most recent progress note dated 11/26/13 does not provide documentation of pain relief or functional improvement attributed to this medication. Treater also does not provide an initial or repeat consistent drug screen results or specifically address aberrant behavior. Without a clearer rationale provided for this medication's use, and given the lack of 4A's documentation as required by MTUS, the request is cannot be substantiated. Therefore, this request IS NOT medically necessary.