

Case Number:	CM15-0005695		
Date Assigned:	01/26/2015	Date of Injury:	01/19/2012
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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: Emergency Medicine

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(n) 55 year old female, who sustained an industrial injury on 1/19/12. She has reported right knee pain. The diagnoses have included osteoarthritis and status post right knee replacement. Treatment to date has included topical and oral medications. As of the progress note on 12/9/14, the injured worker is reporting moderate pain in the right knee. The treating physician is suspicious of an occult infection or prosthetic loosening. There are no laboratory or diagnostic study reports in the case file. The treating physician is requesting Tramadol 50mg #80, CT bone scan and Celebrex 200mg # 30. On 12/22/14 Utilization Review non-certified a request for a CT bone scan and Celebrex 200mg # 30 and modified a request for Tramadol 50mg #80 to Tramadol 50mg #40. The UR physician cited the MTUS guidelines on knee complaints and chronic pain medical treatments. On 1/12/15, the injured worker submitted an application for IMR for review of Tramadol 50mg #80, CT bone scan and Celebrex 200mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #80 x 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 Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol.

Decision rationale: The requested Tramadol 50mg #80 x 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right knee pain. The treating physician is suspicious of an occult infection or prosthetic loosening. There are no laboratory or diagnostic study reports in the case file. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #80 x 1 refill is not medically necessary.

CT bone scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Bone Scan

Decision rationale: The requested CT bone scan, is not medically necessary. CA MTUS is silent and ODG, Neck and Upper Back (Acute & Chronic), Bone Scan, note that bone scans are "Not recommended except as an option in follow-up evaluation of osseous metastases." The injured worker has right knee pain. The treating physician is suspicious of an occult infection or prosthetic loosening. There are no laboratory or diagnostic study reports in the case file. The treating physician has not documented indications of osseous metastatic disease nor physical or diagnostic evidence indicative of infection. The criteria noted above not having been met, CT bone scan is not medically necessary.

Celebrex 200mg #30 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): Page 22.

Decision rationale: The requested Celebrex 200mg #30 x 1 refill, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has right knee pain. The treating physician is suspicious of an occult infection or prosthetic loosening. There are no laboratory or diagnostic study reports in the case file. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg #30 x 1 refill is not medically necessary.