

Case Number:	CM15-0100932		
Date Assigned:	06/03/2015	Date of Injury:	08/21/2006
Decision Date:	07/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on August 21, 2006. The mechanism of injury was a slip and fall incident. The injured worker has been treated for neck, bilateral knee and bilateral hand complaints. The diagnoses have included right knee pain, right knee sprain/strain, left knee pain, left knee sprain/strain, cervical disc protrusion, cervical myospasms, cervical sprain/strain, right knee chondromalacia, rule out right knee medial meniscus tear and rule out left knee internal derangement. Treatment to date has included medications, radiological studies, MRI, topical analgesics, home exercise program and physical therapy. Current documentation dated April 7, 2015 notes that the injured worker reported neck and knee pain. The injured worker noted intermittent moderate sharp, stabbing right knee pain with associated weakness, cramping, numbness and tingling. The injured worker also noted occasional mild sharp, throbbing left knee pain with associated weakness, cramping and numbness. Examination of the knees revealed no bruising, swelling, atrophy or lesions. The treating physician's plan of care included a request for the medications Tramadol 150 mg # 30 and Motrin 800 mg # 60. Patient has received an unspecified number of PT visits for this injury. The medication list includes Pantoprazole, Motrin and Tramadol. The patient has had history of GERD. The patient has had MRI of the left knee on 12/31/14 that revealed meniscus tear. The patient has had MRI of the cervical spine on 12/27/14 that revealed disc bulge with foraminal narrowing, and facet hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Current documentation dated April 7, 2015 notes that the injured worker reported neck and knee pain. The injured worker noted intermittent moderate sharp, stabbing right knee pain with associated weakness, cramping, numbness and tingling. The medication list includes Pantoprazole, Motrin and Tramadol. The patient has had MRI of the left knee on 12/31/14 that revealed meniscus tear. The patient has had MRI of the cervical spine on 12/27/14 that revealed disc bulge with foraminal narrowing, and facet hypertrophy. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 150 mg Qty 30 is deemed as medically appropriate and necessary.

Motrin 800 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, page 22.

Decision rationale: Naproxen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)" Patient is having chronic pain and is taking Motrin for this injury. The diagnoses have included right knee pain, right knee sprain/strain, left knee pain, left knee sprain/strain, cervical disc

protrusion, cervical myospasms, cervical sprain/strain, right knee chondromalacia, rule out right knee medial meniscus tear and rule out left knee internal derangement. Current documentation dated April 7, 2015 notes that the injured worker reported neck and knee pain. The injured worker noted intermittent moderate sharp, stabbing right knee pain with associated weakness, cramping, numbness and tingling. The medication list includes Pantoprazole, Motrin and Tramadol. The patient has had MRI of the left knee on 12/31/14 that revealed meniscus tear. The patient has had MRI of the cervical spine on 12/27/14 that revealed disc bulge with foraminal narrowing, and facet hypertrophy. Therefore there are objective evidence on imaging studies of conditions that can cause chronic pain. NSAIDS like Motrin are first line treatments to reduce pain. Motrin 800 mg Qty 60 use is deemed medically appropriate and necessary in this patient.