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| Case Number: | CM15-0107159 | | |
| Date Assigned: | 06/15/2015 | Date of Injury: | 06/05/2012 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 40 year old female who sustained an industrial injury on 06/05/2012. The injured worker was diagnosed with lumbar spondylosis, left knee lateral meniscus tear with subluxation of patella and cervical pain with upper extremity symptoms and headaches. Treatment to date includes diagnostic testing, physical therapy, home exercise program, lumbar epidural steroid injections, psychological and psychiatric treatment, neurology evaluation and medications. According to the primary treating physician's progress report on April 15, 2015, the injured worker continues to experience left knee pain rated at 9/10 on the pain scale, low back pain with left side greater than right side rated at 7/10, cervical pain 5/10 and left shoulder pain at 3/10. Examination demonstrated tenderness of the lumbar and cervical spine and occiput bilaterally. Range of motion was limited with pain. Spasm of the cervical trapezius and lumbar paravertebral muscles was less pronounced and neurological examination was unchanged. Examination on March 27, 2015 reflected the same. Current medications are listed as Anaprox, Hydrocodone, Cyclobenzaprine and Ambien. Treatment plan consists of left knee arthroscopy request, physical therapy for the lumbar spine, neurologist follow-up; continue with medication regimen with tapering encouraged and the current request for Tramadol HCL ER 150mg, Tramadol 50mg and Keflex 550mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 550 mg qty: 28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases, Keflex, updated November 11, 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cephalexin Prescribing Information.

Decision rationale: The claimant sustain a work injury in June 2012 and continues to be treated for neck pain, low back pain, and left knee and shoulder pain. When seen, hydrocodone, Ambien, and cyclobenzaprine were being prescribed. Physical examination findings included decreased and painful cervical and lumbar spine range of motion with tenderness. The assessment references continuing the prescribed medications. Medication tapering was being encouraged. Keflex appears to be requested as antibiotic prophylaxis prior to knee surgery. In this case, the claimant has no evidence of infection either clinically or by lab testing. Therefore, Keflex was not medically necessary.

Tramadol 50 mg qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The claimant sustain a work injury in June 2012 and continues to be treated for neck pain, low back pain, and left knee and shoulder pain. When seen, hydrocodone, Ambien, and cyclobenzaprine were being prescribed. Physical examination findings included decreased and painful cervical and lumbar spine range of motion with tenderness. The assessment references continuing the prescribed medications. Medication tapering was being encouraged. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, none of the documentation submitted supports that this medication was intended to be prescribed for this claimant. If being prescribed because of the requested planned surgery, then a post-operative pain assessment would be needed. The request cannot be considered medically necessary.

Tramadol HCl ER 150 mg qty: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The claimant sustain a work injury in June 2012 and continues to be treated for neck pain, low back pain, and left knee and shoulder pain. When seen, hydrocodone, Ambien, and cyclobenzaprine were being prescribed. Physical examination findings included decreased and painful cervical and lumbar spine range of motion with tenderness. The assessment references continuing the prescribed medications. Medication tapering was being encouraged. Tramadol ER is a sustained release medication used for baseline pain. In this case, none of the documentation submitted supports that this medication was intended to be prescribed for this claimant. If being prescribed because of the requested planned surgery, then a post-operative pain assessment would be needed. The request cannot be considered medically necessary.