

Case Number:	CM15-0107304		
Date Assigned:	06/11/2015	Date of Injury:	05/31/2002
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of May 31, 2002. In a Utilization Review report dated May 6, 2015, the claims administrator approved a request for Norco, failed to approve a request for tramadol, and failed to approve a request for naproxen. The claims administrator referenced a RFA form dated April 22, 2015 and associated progress note of April 7, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 22, 2015, a right knee total knee arthroplasty procedure was sought. Postoperative usage of Norco, tramadol, naproxen, Flexeril, Protonix, and Keflex were endorsed, along with 18 sessions of postoperative physical therapy. In an associated progress note dated April 7, 2015, the applicant reported severe bilateral knee pain. The applicant had undergone earlier left knee total knee arthroplasty. Heightened right knee pain complaints were noted. The applicant had severe, end-stage right knee arthritis, it was reported. A right knee total knee arthroscopy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg ER #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 94.

Decision rationale: Yes, the request for tramadol, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. The request was framed as a request for postoperative usage of tramadol. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain. Here, the request was framed as a postoperative request following planned total knee arthroplasty surgery. The applicant could, thus, reasonably or plausibly be expected to report issues of pain in the moderate-to-severe range postoperatively. Usage of tramadol was, thus, indicated postoperatively following planned total knee arthroplasty surgery. Therefore, the request was medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792. 23. b2 stipulates that the postsurgical treatment guidelines in section 9792. 24. 3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 94 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for postoperative usage of tramadol, it was therefore invoked.

Anaprox 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: Similarly, the request for Anaprox (naproxen), an anti-inflammatory medication, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, naproxen, an anti-inflammatory medication, is indicated in the treatment of osteoarthritis, as was present here. The applicant did report issues with painful, severe, end-stage knee osteoarthritis on April 7, 2015. The request for naproxen was framed as a request for postoperative usage of the same. The applicant could reasonably or plausibly be expected to report pain complaints following the planned total knee arthroplasty procedure requiring analgesia with naproxen, an anti-inflammatory medication. Provision of the same, thus, was indicated for postoperative use purposes. Therefore, the request was medically necessary. As with the preceding request, this was, strictly speaking, a postoperative request as opposed to a chronic pain request. However, MTUS 9792. 23. b2 stipulates that the Postsurgical Treatment Guidelines in section 9792. 24. 3 shall apply together with any other applicable treatment guidelines within the MTUS. Since page 66 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for naproxen, it was therefore invoked here.

