MAXIMUS Federal Services

Case Number:	CM15-0014131		
Date Assigned:	02/02/2015	Date of Injury:	04/23/2002
Decision Date:	04/13/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Washington
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 65-year-old male who reported an injury on 04/23/2002 due to an unspecified mechanism of injury. On 12/04/2014, he presented for a follow-up evaluation regarding his bilateral knee pain. He reported bilateral knee pain at a pain level of 3/10 and stated that the right knee was usually more painful than the left knee. His medications included potassium 75 mg 1 tablet every 2 to 3 days, Nucynta ER 200 mg tablets extended release 12 hour tablet 1 tablet twice a day, aspirin 81 mg tablet chewable 1 tablet once a day, Zocor 10 mg 1 tablet every evening once a day, naproxen 500 mg 1 tablet delayed release by mouth twice daily. A physical examination of the right knee showed positive pretibial pain, positive medial joint line tenderness, and mild swelling with obvious scarring over the knee from previous surgery. He had intact flexion and extension, and quadriceps muscles and tendons were intact. The left knee showed mild medial joint line tenderness and an intact patella and range of motion without any crepitus. He was diagnosed with chronic pain syndrome, primarily localized osteoarthritis, other chronic postoperative pain, unspecified constipation, morbid obesity, edema, and history of tobacco use. The treatment plan was for Naprosyn 550 mg #60 and tramadol 50 mg #120. The rationale for treatment was to continue treating the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short-term symptomatic relief of osteoarthritis or tendonitis, and low back pain. The documentation provided does not show the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support continuation. Also, it is unclear how long the injured worker has been using Naprosyn for treatment, and without this information, continuing would not be supported, as NSAIDs are only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not support that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate that he has been compliant with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.