

Case Number:	CM15-0147662		
Date Assigned:	08/11/2015	Date of Injury:	05/19/2014
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, Michigan
 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 injured worker is a 36 year old female, who sustained an industrial injury on 5-19-2014. The mechanism of injury is injury from kneeling down and pulling weeds, upon standing up she felt a pop in the left knee. The current diagnosis is medial meniscus tear of the left knee. According to the progress report dated 7-1-2015, the injured worker complains of severe left knee pain with inability to bear weight or bend her knee. The pain is associated with giving way and swelling. The level of pain is not rated. The physical examination of the left knee reveals marked medial joint line tenderness, 1-2+ effusion, limited range of motion, and positive McMurray sign. The current medications are Anaprox and Tramadol. Treatment to date has included medication management, x-rays, knee support, physical therapy, and MRI studies. The injured worker is pending authorization for left knee surgery; however no scheduled date was reported. MRI showed a complex tear and possible bucket handle tear and displacement of the medial meniscus, with no significant medial compartment articular cartilage loss. Work status is described as temporarily totally disabled. A request for Tramadol, topical compound analgesic, Anaprox, and Keflex has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 113.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines indicate that prior to initiating opioid therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In addition, the treating physician should make baseline pain and functional assessments prior to opioid trials. In this case, the submitted medical records failed to provide documentation regarding baseline pain, functional assessments, and patient goals prior to the initiation of opioid therapy. These are necessary to meet the CA MTUS guidelines. In addition, Norco was recently authorized. It is unclear why the injured worker would need two opioid medications at this time. Furthermore, refills are not necessary as this medication should be monitored for efficacy. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Tramadol is not medically necessary.

1 prescription for compound Ketoprofen 10%; Gabapentin 6%/ Bupivacaine 5%/Baclofen 2%/Cyclobenzaprine 2%/Clonidine 0.2% and Hyaluronic acid 2% 300 grams with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-1113.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, Ketoprofen, Baclofen, Gabapentin, and Cyclobenzaprine are not recommended for topical application. In this case, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. In addition, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, Ketoprofen, Baclofen, Gabapentin, and Cyclobenzaprine are not recommended for topical application. Therefore, based on MTUS guidelines and submitted medical records, the request for this topical compound medication is not medically necessary.

1 prescription of Keflex 50mmg #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, Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease: Cephalexin (Keflex®).

Decision rationale: The CA MTUS is silent regarding the use of Keflex. However, according to the Official Disability Guidelines; Cephalexin (Keflex) is recommended as first-line treatment for cellulitis and other conditions. See Skin & soft tissue infections: cellulitis. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins. In this case, the medication is recommended as first-line treatment for cellulitis and other conditions. The submitted medical records failed to provide documentation of any infectious process. The medical records did note that the injured worker is pending authorization for left knee surgery, however no scheduled date was reported. Therefore, based on Official Disability Guidelines and submitted medical records, the request for Keflex is not medically necessary.

Anaprox 550mg #60 with 2 refills (post-operative): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Anaprox is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, the prescription is intended for post-operative use. The submitted medical records noted that the injured worker is pending authorization for left knee surgery; however no scheduled date was reported. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Anaprox is not medically necessary.

Tramadol 50mg #60 with 2 refills (post-operative): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96, 113.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the prescription is intended for post-operative use. The submitted medical records noted that the injured worker is pending authorization for left knee surgery; however no scheduled date was reported. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Tramadol is not medically necessary.