

Case Number:	CM15-0169333		
Date Assigned:	09/10/2015	Date of Injury:	10/22/2013
Decision Date:	10/08/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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

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 female, who sustained an industrial injury on 10-22-2013. The injured worker was diagnosed as having left knee pain secondary to compensatory injury to the right knee, left knee medial meniscus tear with positive McMurray's test, right knee traction spurs at the anterior cruciate ligament, lumbar spine degenerative joint disease, lumbar spine degenerative disc disease, low back pain secondary to abnormal gait. The request for authorization is for Tramadol 50mg #60 one tablet 2 times daily and 2 refills; Ibuprofen 800mg #90 one tablet 3 times daily and 2 refills; POC urine drug screen. The UR dated 7-27-2015, gave non-certification of Tramadol 50mg tablets #60 with two refills, Ibuprofen 800mg #90 with two refills, and POC urine drug screen. The records indicate she has been utilizing Tramadol and Ibuprofen since at least July 2014, possibly longer. On 4-17-2015, she rated her current pain as 10 out of 10. She indicated the majority of her pain to be in the elbow and lower extremity on the right. She reported needing refills on Ibuprofen and Tramadol. Physical findings revealed left knee range of motion as active extension to 0 degrees and flexion to 130 degrees, with noted pain and discomfort at the ends of range of motion, and tenderness to the area. On 6-19-2015, she reported pain left knee rated 8 out of 10. She is reported to have been authorized for a corticosteroid injection and wished to proceed with this. The injection was performed in office on this date. On 7-10-2015, she is seen in follow up to injury of the right leg, elbow, knee, and thigh, hip and lower abdominal area. She rated her pain 8 out of 10. She is utilizing Tramadol and Ibuprofen. She indicated that Tramadol reduced her pain by 20%, and helps her attain more normal sleep. She is not working. She is noted to have been last seen on 6-19-15 for

corticosteroid injection and has noted some significant improvement afterward. Physical findings revealed moderate discomfort with palpation over the left knee area, and active extension to zero degrees and flexion to 120 degrees. The treatment to date included: Medications which have included: Tramadol, Flexeril, and Ibuprofen; physiotherapy; gastroenterology evaluation; acupuncture; and corticosteroid injection; AME (2-12-2015). Diagnostic testing included: x-rays of the lumbar spine, x-rays of the sacroiliac joints, x-rays of the right knee, x-rays of the right hip, laboratory analysis (6-23-2014), CT scan of the abdomen (7-27-2014), electrodiagnostic studies (7-15-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been using Tramadol since at least July, 2014 without objective documentation of significant pain relief or functional improvement. This medication has been previously denied. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg #60 with 2 refills is determined to not be medically necessary.

Ibuprofen 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Ibuprofen 800mg #90 with 2 refills is determined to not be medically necessary.

POC Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, indicators for addiction, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests).

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the request for Tramadol is not supported, therefore there is no indication for a urine drug screen. The request for POC urine drug screen is determined to not be medically necessary.