

Case Number:	CM15-0169646		
Date Assigned:	09/10/2015	Date of Injury:	04/16/2012
Decision Date:	10/07/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	08/28/2015

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, California
 Certification(s)/Specialty: Family Practice

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 61 year old female who sustained an industrial injury on 4-16-12. She had complaints of bilateral knee pain. Treatments include: medication, physical therapy and surgery. Progress report dated 7-7-15 reports continued complaints of persistent right knee pain and swelling that is aggravated with standing and walking. Medications help to relieve the pain. Diagnoses include: left knee pain, status post left partial medial and lateral meniscectomies; chondromalacia left knee, right knee pain and possibility of degenerative joint disease right knee. Plan of care includes: prescriptions given; ibuprofen 600 mg twice per day, Tramadol 50 mg per day, docusate sodium 250 mg twice per day, advised to stop taking ibuprofen 2 weeks before surgery. Work status: return to modified work until 8-31-15 with restrictions of no prolonged standing or walking, limited kneeling, squatting, no climbing stairs. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 MG #60: 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).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months without significant change in pain or function. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen is not medically necessary.

Tramadol 50 MG #30: 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, Opioids for osteoarthritis, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was open Tramadol for several months along with Ibuprofen. Long-term use is not recommended. In addition, pain score reduction with its use was not noted. Failure of Tylenol use is not provided. Tramadol is not 1st line for knee pain. Continued use is not medically necessary.

Docusate Sodium 250 MG #60: 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, criteria for use, Opioids, dosing.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The claimant had been on Docusate for several months along with Tramadol (opioid). The Tramadol is not necessary. Continued use of Docusate is also not medically necessary.