

Case Number:	CM15-0180450		
Date Assigned:	09/22/2015	Date of Injury:	03/27/2015
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency 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 46 year old female who sustained an industrial injury on 03-27-2015. The injured worker was diagnosed with left knee internal derangement, left knee sprain and strain, left knee chondromalacia, left knee cruciate ligament sprain and strain and left knee lateral meniscus and partial anterior cruciate ligament tear. According to the treating physician's progress report on August 13, 2015, the injured worker continues to experience left knee pain with episodes of buckling and rated at 9 out of 10 on the pain scale. Examination demonstrated swelling without signs of deep vein thrombosis. There was tenderness to palpation and spasm of the anterior knee with decreased range of motion. McMurray's test was positive. Anterior, posterior drawer, valgus and varus tests were negative. Prior treatments included diagnostic testing with recent left knee magnetic resonance imaging (MRI) on May 21, 2015, knee support, physical therapy, crutches and medications. Current medications were listed as Tramadol, Cyclobenzaprine and topical compounded creams. The injured worker remains off work. Treatment plan consists of arthroscopic intervention (no authorized or scheduled date documented) and the current request for authorization for Cyclobenzaprine 7.5mg #90 and Tramadol 150mg ER #30. The Utilization Review modified the request for Cyclobenzaprine 7.5mg #90 to Cyclobenzaprine 7.5mg #60 and Tramadol 150mg #30 to Tramadol 150mg #20 on 08-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #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, specific drug list.

Decision rationale: The requested Tramadol 150mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left knee pain with episodes of buckling and rated at 9 out of 10 on the pain scale. Examination demonstrated swelling without signs of deep vein thrombosis. There was tenderness to palpation and spasm of the anterior knee with decreased range of motion. McMurray's test was positive. Anterior, posterior drawer, valgus and varus tests were negative. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 150mg #30 is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: The requested Cyclobenzaprine 7.5mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has left knee pain with episodes of buckling and rated at 9 out of 10 on the pain scale. Examination demonstrated swelling without signs of deep vein thrombosis. There was tenderness to palpation and spasm of the anterior knee with decreased range of motion. McMurray's test was positive. Anterior, posterior drawer, valgus and varus tests were negative. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg #90 is not medically necessary.