MAXIMUS Federal Services

Case Number:	CM15-0193693		
Date Assigned:	10/07/2015	Date of Injury:	11/20/2013
Decision Date:	11/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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 70 year old female with an industrial injury dated 11-20-2013. A review of the medical records indicates that the injured worker is undergoing treatment for history of left knee meniscal tear, left knee degenerative joint disease, prepatellar bursitis and cyst, and depression and anxiety. According to the progress note dated 08-05-2015, the injured worker reported left knee pain. Pain level was 9 out of 10 on visual analog scale (VAS), which has increased from 8 out of 10 on the previous visits. Objective findings (05-06-2015, 06-17-2015, 08-05-2015) revealed tenderness to palpitation, which has remained the same since last visit. There was also restricted range of motion and positive McMurray's test. Treatment has included Magnetic Resonance Imaging (MRI) of left knee dated 06-08-2015, physical therapy, prescribed medications, and periodic follow up visits. Medical records did not indicate how long the injured worker has been on Tramadol, Mobic, and Flurbi. There was no urine drug screen report submitted for review. The utilization review dated 09-04-2015, non-certified the request for Tramadol 50mg #60, Mobic 7.5mg #30 and Flurbi (nap) cream 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #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): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines have very specific recommended standards/criteria to justify the use of opioid medications. These standards include meaningful pain relief due to use, functional support/improvements due to use and the absence of drug related aberrant behaviors. These standards are not being met by the prescribing physician. There is no detailed reported of pain relief and no documentation of functional outcomes. There are no unusual circumstances to justify an exception to Guidelines. The Tramadol 50mg #60 is not supported by Guidelines and is not medically necessary.

Mobic 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision rationale: MTUS Guidelines supports the use of NSAID medications for as short as possible with the lowest dose possible. This recommendation is for individuals who have been appropriately screened for adverse effects from NSAIDs. There is no report of benefits from the Mobic. There is no reporting of blood pressure monitoring, cardiovascular risk review or gastrointestinal risk review. Under these circumstances, the Mobic 7.5mg #30 is not supported by Guidelines and is not medically necessary.

Flurbi (nap) cream 180gm Rx date; 8/5/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS Guidelines are very specific with the recommendation that only FDA/Guideline approved topical agents are recommended and if a compound includes unsupported agents the compound is not recommended. This compounded topical includes Flurbiprofen, Lidocaine ointment and topical Amitriptyline. Each of the 3 agents is not Guideline recommended for topical use. There are other alternatives that are supported and there are no unusual circumstances to justify an exception to Guidelines. The compounded Flurbi (nap) cream 180gm Rx date; 8/5/15 is not medically necessary.