

Case Number:	CM15-0205319		
Date Assigned:	10/22/2015	Date of Injury:	08/21/2013
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: Physical Medicine & Rehabilitation

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 47 year old male who sustained an industrial injury on 8-21-13. The medical records indicate that the injured worker was being treated for internal derangement of knee, not otherwise specified; patellar tendinitis; osteoarthritis, multiple sites; current tear of lateral cartilage or meniscus of knee. He currently (9-15-15) complains of ongoing and increasing right knee pain and stiffness. His pain level has increased to 8-9 out of 10 since his last visit. On 4-20-15 his pain level in the right knee was 5-6 out of 10. Driving his car increased the pain. He has decreased his activity level since his last visit. On physical exam of the right knee there was restricted range of motion with exertion, tenderness to palpation over the medial joint line, patella and quadriceps tendon, McMurray's test was positive in the right knee. Diagnostics include ultrasound of knees (5-12-15) showing bilateral joint effusions; MRI of the right knee (4-3-15) showing osteochondral injury at the patellofemoral joint compartment with joint effusion, medial collateral ligament sprain, tendinopathy patellar tendon and quadriceps tendinopathy. Treatments to date include self-administered prescribed electrical stimulation with significant temporary relief of pain; left knee support; medications: Ultram (since about 4-20-15), Relafen, Tylenol; physical therapy (12 sessions) with benefit per injured worker. In the 9-15-15 progress note the treating provider requested Ultram 50mg #60; gabapentin 10%, amitriptyline 5%, Capsaicin 0.025%. The request for authorization dated 9-15-15 was for Ultram 50mg #60; gabapentin 10%, amitriptyline 5%, Capsaicin 0.025%. On 9-23-15 Utilization Review non-certified the request for Ultram 50mg #60; gabapentin 10%, amitriptyline 5%, Capsaicin 0.025%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids since at least April 2015 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic August 2013 injury without acute flare, new injury, or progressive neurological deterioration. The Ultram 50 mg Qty 60 is not medically necessary and appropriate.

Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025%: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a

compounded antidepressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of antidepressant without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure and Capsaicin medications for this chronic 2013 injury without improved functional outcomes attributable to their use. The Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% is not medically necessary and appropriate.