

Case Number:	CM15-0206363		
Date Assigned:	10/23/2015	Date of Injury:	06/04/2014
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, Florida, 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 59-year-old female who sustained an industrial injury on 6-4-2014 and has been treated for chronic right knee pain, osteoarthritis, degenerative joint disease, and internal derangement. On 9-17-2015, the injured worker reported continued right lower extremity pain worsened by prolonged sitting, standing, lifting, twisting, driving, lying down, and "any activities." Objective examination noted that right knee range of motion was "restricted by pain in all directions," and pain was noted with palpation proximal to patella and at lateral joint lines. Sensation was noted to be intact. Documented treatment includes a right knee block 5-21-2015; physical therapy; Tylenol; and, Tramadol and NSAIDs for at least 8 months. The note of 9-17- 2015 states that a request had been submitted for Pennsaid, which "improves inflammatory pain by 40 percent" but had not been approved as of this date. Oral Naproxen was stated to "not provide adequate relief" and she has "failed" Ibuprofen and Naproxen. The physician also notes that the patient's Oswestry Disability Index is reduced from 60 percent disability to 42 percent with the use of Tramadol. The 5-15-2015 note states the Tramadol provides 50 percent improvement in activities of daily living including self-care and dressing. The physician notes that urine drug screens have been consistent, no aberrant behaviors or adverse reactions have been noted, and the injured worker has a current pain contract on file. The treating physician's plan of care includes Tramadol 50 mg #120, and ibuprofen 600 mg which were denied on 9-30- 2015. She is disabled and not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: 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 for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 12, 13, 83 and 113 of 127. The claimant was injured in 2014 with chronic right knee pain. Past treatment has included tramadol and NSAIDs. The request is for more tramadol. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary and is not certified.

Ibuprofen 600mg bid prn (unspecified quantity): 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).

Decision rationale: Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26, page 60 and 67 of 127. The claimant was injured in 2014 with chronic right knee pain. Past treatment has included tramadol and NSAIDs. The request is for more Ibuprofen, but no quantify is specified. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. Further, the quantity is not specified. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary and appropriately non-certified.