

Case Number:	CM15-0208001		
Date Assigned:	10/26/2015	Date of Injury:	04/13/2015
Decision Date:	12/08/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old male who sustained an industrial injury on 4-13-2015. A review of the medical records indicates that the injured worker is undergoing treatment for chondromalacia. According to the progress report dated 9-18-2015, the injured worker complained of pain in the right knee at the tibial plateau radiating to the medial joint line. He rated his pain 7 out of 10 at rest. He rated his worst pain 10 out of 10. He reported that medication decreased his pain to 6 out of 10. Objective findings (9-18-2015) revealed an antalgic gait with the aid of crutches. He was unable to bear weight on his right lower extremity. There was atrophy of the right lower extremity in the quadriceps and calf. There was tenderness to palpation of the right knee. Palpation of the right patellofemoral joint revealed tenderness, crepitus and pain. Treatment has included 3 sessions of physical therapy and medications (Ibuprofen and Tramadol). The request for authorization was dated 9-16-2015. The original Utilization Review (UR) (10-16-2015) modified a request for Tramadol from #60 to #45. UR denied request for a urine drug screen and ANA test.

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): Opioids, criteria for use.

Decision rationale: This 64 year old male has complained of knee pain since date of injury 4/13/2015. He has been treated with physical therapy and medications to include opioids since at least 04/2015. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

ANA test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 64 year old male has complained of knee pain since date of injury 4/13/2015. He has been treated with physical therapy and medications. The current request is for an ANA test. Per the guidelines cited above, an ANA test is indicated when there is a strong clinical suspicion of autoimmune connective tissue disease. There is inadequate documentation of symptomatology and objective physical examination findings as well as lack of provider rationale that would support the necessity of obtaining an ANA serology. On the basis of the available medical records and per the guidelines cited above, ANA test is not indicated as medically necessary.

Urine drug screen: 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, steps to avoid misuse/addiction.

Decision rationale: This 64 year old male has complained of knee pain since date of injury 4/13/2015. He has been treated with physical therapy and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical

records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.