

Case Number:	CM15-0208640		
Date Assigned:	10/27/2015	Date of Injury:	10/21/2014
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
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: California, Hawaii

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 61 year old female, who sustained an industrial injury on 10-21-14. The injured worker was diagnosed as having pain in joint of lower leg status post right partial medial meniscectomy, pain in joint of ankle and foot, right Achilles tendinitis, right plantar fascial fibromatosis, and psychogenic pain. Treatment to date has included right arthroscopic knee surgery, physical therapy, a home exercise program, and medication including Tramadol and Diclofenac Sodium. Physical examination findings on 9-9-15 included intact sensation in the lumbar spine, no spasm or guarding, and a straight leg raise test was negative. Right knee tenderness to palpation was noted with no laxity and no effusion. Right Achilles tenderness was also noted. The injured worker had been taking Tramadol since at least August 2015 and using Diclofenac Sodium patches since at least September 2015. On 9-9-15, the injured worker complained of low back pain and right knee pain. On 9-7-15 the treating physician requested authorization for Tramadol HCL ER 150mg #30 and Diclofenac Sodium 1.5% 60g #1. On 9-24-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the low back and right lower extremity. The current request is for Tramadol HCL ER 150 mg #30. The treating physician report dated 11/06/15 (17B) states, "We had prescribed Tramadol for her breakthrough pain, as she wished to continue working. However, unfortunately she did not want to continue with this medication and preferred to be on soft medication." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Tramadol since at least 9/9/15 (23B). The reports dated 9/9/15 and 11/06/15 do not note the patient's pain level while on current medication. The report dated 11/06/15 notes that the patient did not want to continue taking Tramadol. In this case, all four of the required A's are not addressed and functional improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued usage of Tramadol. The current request is not medically necessary.

Diclofenac Sodium 1.5% 60 gm #1: Overturned

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

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

Decision rationale: The patient presents with pain affecting the low back and right lower extremity. The current request is for Diclofenac Sodium 1.5% 60 gm #1. The treating physician report dated 11/6/15 (20B) states, "She does report pain relief and functional benefit with Diclofenac cream. She is not currently on any medications and relies on Diclofenac cream for pain relief." The MTUS guidelines page 111 regarding topical NSAIDs states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." The medical reports provided do not show that the patient has been prescribed this topical compound prior to 9/9/15. In this case, the patient presents with pain affecting the right knee and ankle and the MTUS guidelines support topical NSAIDs for the treatment of Osteoarthritis of the knee for up to 12 weeks. The current request satisfies the MTUS guidelines as outlined on pages 111-113. The current request is medically necessary.