

Case Number:	CM15-0025119		
Date Assigned:	02/17/2015	Date of Injury:	10/26/2012
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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 59 year old male, who sustained an industrial injury on 10/26/2012. The diagnoses have included right knee anterior cruciate ligament tear with arthroscopy. Treatment to date has included surgical and conservative treatments. Magnetic resonance imaging report (12/15/2014) was referenced in progress note, dated 2/02/2015, as showing a complex tear within the posterior horn of the right medial meniscus and probable full thickness tearing of the right anterior cruciate ligament, age indeterminate. The injured worker complains of persistent burning right knee pain, rated 6.5/10 and back pain, rated 7/10. He reported that his right knee continued to lock, pop, and give out. Gait was antalgic and patellar tracking was normal. Right knee exam noted positive patellar grind maneuver and hamstring tenderness was present. McMurray's test was positive on the right medial aspect, Drawer's test was positive, range of motion was decreased, and strength was 4+/5. Current medications included Ibuprofen, Glucosamine, and Zantac. Treatment plan included a revision for a right knee revision arthroscopy, Sprix nasal spray, Ultram, and Motrin. On 1/23/2015, Utilization Review non-certified a request for Sprix nasal spray 15.75mg, non-certified a request for Motrin 800mg #80, and modified a request for Ultram 50mg #60 to allow a one month supply for weaning purposes, citing the MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix 15.75MG Nasal Spray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sprix.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page 22.

Decision rationale: Ketorolac tromethamine (Sprix), a nonsteroidal anti-inflammatory drug (NSAID), is indicated for the short-term management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms with listed medications. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Ketorolac for chronic pain without demonstrated acute flare-up to warrant 2 NSAIDs and level of intolerance to oral medications as others are prescribed including Motrin. The Sprix 15.75MG Nasal Spray is not medically necessary and appropriate.

Ultram 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, 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. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. 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 with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Ultram 50MG #60 is not medically necessary and appropriate.

Motrin 800MG #80: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal ant-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there are functional efficacy derived from treatment rendered enabling the patient to continue functioning. The Motrin 800MG #80 is medically necessary and appropriate.