

Case Number:	CM15-0031799		
Date Assigned:	02/25/2015	Date of Injury:	06/12/2008
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old female, who sustained an industrial injury on June 12, 2008. The mechanism of injury is unknown. The injured worker was diagnosed as having right medial meniscus tear, chronic intractable pain of the right knee and status post lateral release of the right patella. Treatment to date has included medication, exercises and stretching. On January 9, 2015, the injured worker complained of pain throughout her entire right knee. The pain was described as constant waxing and waning pain. The pain was rated as a 7 on a 1-10 pain scale without medications and as a 3/10 with medication. She reported to be limited in her daily activities without the medication. The treatment plan included Ultram, Naproxen, daily exercises and stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury occurring in June 2008 and continues to be treated for chronic right knee pain. Treatments have included surgery, medications, and physical therapy. The requesting provider documents a decrease in pain from 7/10 down to 3/10 with medications. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultram (tramadol) is an immediate release medication often used for intermittent or breakthrough pain. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking due to right knee degenerative joint disease. It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Ultram was medically necessary.

Naproxen 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The claimant sustained a work injury occurring in June 2008 and continues to be treated for chronic right knee pain. Treatments have included surgery, medications, and physical therapy. The requesting provider documents a decrease in pain from 7/10 down to 3/10 with medications. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in excess of guideline recommendations and therefore not medically necessary.