

Case Number:	CM15-0036448		
Date Assigned:	03/05/2015	Date of Injury:	08/31/2012
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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, 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 39 year old female, who sustained an industrial injury reported on 8/31/2012. On 1/8/2015 she reported severe left knee pain, and moderate left wrist/hand pain, and left shoulder pain. The diagnoses were noted to include left knee medial meniscus tear, with Baker's cyst; left wrist pain; and right shoulder pain. Treatments to date have included: consultations; multiple diagnostic and imaging studies; qualified medical evaluation (7/6/14); transcutaneous electrical stimulation unit therapy; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary as noted the 10/9/2014 progress notes, and temporarily totally disabled for 4 weeks, as per the 12/18/2014 progress notes. On 2/13/2015, Utilization Review (UR) partially certified, for medical necessity, the request, made on 2/11/2015, the Hydrocodone 10/325mg, twice a day, #60 - was certified; the Tramadol 50mg, twice a day, #60 or Tramadol HCL ER 150mg, once a day, #30 - was non-certified; Keflex 550mg, 4 x a day, #28 - was non-certified; and Naproxen 550mg 1 twice a day, #60 - which is not noted on the application for Independent Medical Review, was certified. The American College of Occupational and Environmental medicine Guidelines, knee complaints, opioids for severe pain, non-steroidal anti-inflammatory drugs - Naproxen; the Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, non-steroidal anti-inflammatory drugs and the Official Disability Guidelines, pain chapter, opioids, criteria for use of opioids, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg twice a day #60 or Tramadol HCL ER 150mg once a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that a requested knee surgery was non-certified. The patient is noted to currently be utilizing Norco, another opioid, and there is no clear indication for the concurrent use of multiple opioids. Furthermore, there is no indication that opioids are improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.

Keflex 550mg four times a day #28: 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 <http://www.guideline.gov/content.aspx?id=39533>.

Decision rationale: Regarding the request for Keflex, CA MTUS and ODG do not address the issue. The National Guideline Clearinghouse cites that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Within the documentation available for review, the medical records suggest that the proposed knee surgery was not authorized and, regardless, there is no indication for antimicrobial prophylaxis for a clean orthopedic procedure. In light of the above issues, the currently requested Keflex is not medically necessary.