

Case Number:	CM15-0050213		
Date Assigned:	03/23/2015	Date of Injury:	03/10/2006
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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 55-year-old, male, who sustained a work related injury on 3/10/06. The diagnoses have included left knee arthritis, degenerative joint disease left knee, medial meniscus tear left knee, chondromalacia of patella and status left knee surgery. Treatments have included right knee surgery on 9/28/06, left knee MRIs on 12/12/07 and 10/30/13, medications and left knee injections. In the PR-2 dated 1/28/15, the injured worker complains of left knee pain which he rates an 8/10. He states the left knee injection has given him some improvement in overall pain levels. He has moderate tenderness to palpation of left knee medial and lateral tibiofemoral joint spaces. He has left knee range of motion with 0 degrees extension and flexion to 130 degrees. He has a positive patella grind test. The treatment plan is to request authorization for an unloader knee brace and refills of Tramadol and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents on 01/28/15 with left knee pain rated 8/10. The patient's date of injury is 03/10/06. Patient is status post corticosteroid injections to the left knee on 01/14/15. The request is for TRAMADOL 50MG #30 WITH TWO REFILLS. The RFA is dated 01/28/15. Physical examination dated 01/28/15 reveals 130 degree range of motion, and tenderness to palpation over the medial and lateral tibiofemoral joint spaces. Treater also notes positive patellar grind test. The patient is currently prescribed Tramadol and Naproxen. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78, Therapeutic trial of opioids, section on On-Going Management requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the continuation of Tramadol for the management of this patient's chronic lower back pain, the treater has not provided adequate documentation to continue use. Progress note dated 01/28/15 does not include any pain reduction or functional improvements attributed to this medication. However, it appears that this patient has not been receiving his medications for over 6 weeks due to issues dealing with his pharmacy and insurance carrier. The treater notes that he personally gave the patient an approval letter so that he may acquire his medications following the 01/28/15 visit. A previous progress note dated 01/14/15 documents some unspecified pain reduction, though it does not provide specific functional improvements outside of ADL performance. There is no discussion of a lack of aberrant behavior, either. Progress note 01/14/15 discusses the collection of a urine drug screen point of care, however there is no discussion of consistency or a toxicology report provided in the subsequent progress note. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.

Naproxen 550mg #60 with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain outcomes and endpoints Page(s): 22, 8-9.

Decision rationale: The patient presents on 01/28/15 with left knee pain rated 8/10. The patient's date of injury is 03/10/06. Patient is status post corticosteroid injections to the left knee on 01/14/15. The request is for NAPROXEN 550MG #60 WITH TWO REFILLS. The RFA is dated 01/28/15. Physical examination dated 01/28/15 reveals 130 degree range of motion, and

tenderness to palpation over the medial and lateral tibiofemoral joint spaces. Treater also notes positive patellar grind test. The patient is currently prescribed Tramadol and Naproxen. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "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. In regard to the continuation of Naproxen for this patient's chronic pain, the request appears reasonable. Progress note dated 01/28/15 does not include any pain reduction or functional improvements attributed to this medication. However, it appears that this patient has not been receiving his medications for over 6 weeks due to issues dealing with his pharmacy and insurance carrier. The treater notes that he personally gave the patient an approval letter so that he may acquire his medications following the 01/28/15 visit. A previous progress note dated 01/14/15 documents some unspecified pain reduction attributed to medications. Given documented pain reduction and the conservative nature of this medication, continuation is substantiated. The request IS medically necessary.

One unloader knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: The patient presents on 01/28/15 with left knee pain rated 8/10. The patient's date of injury is 03/10/06. Patient is status post corticosteroid injections to the left knee on 01/14/15. The request is for ONE UNLOADER KNEE BRACE. The RFA is dated 01/28/15. Physical examination dated 01/28/15 reveals 130 degree range of motion, and tenderness to palpation over the medial and lateral tibiofemoral joint spaces. Treater also notes positive patellar grind test. The patient is currently prescribed Tramadol and Naproxen. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS/ACOEM pg 338, table 13-3 Methods of Symptom control for knee complaints, under Options, for meniscal tears, collateral ligament strain, cruciate ligament tear, Immobilizer only if needed. Under Patellofemoral syndrome a knee sleeve is an option. MTUS/ACOEM guidelines has some support for bracing for meniscal tears. The documentation provided does not mention any knee braces or other DME being issued to date. Given this patient's age, subjective complaints, and history of knee joint degeneration, a knee brace could result in significant improvement. Therefore, the request IS medically necessary.