

Case Number:	CM14-0004653		
Date Assigned:	01/24/2014	Date of Injury:	11/26/2012
Decision Date:	06/12/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has submitted a claim for left knee pain associated with an industrial injury date of November 26, 2012. Treatment to date has included physical therapy, and medications, including tramadol 150 mg at bedtime PRN (since December 2012) and Naprosyn (since December 2013). Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of left knee pain, 6/10 associated with swelling and instability, and alleviated by rest, heat, elevation of the leg, and wearing a knee brace. On physical examination of the left knee, there was 1+ effusion noted. There was tenderness at the distal attachment of the patellar tendon and had pain with a deep squat. There was patellofemoral crepitation and a positive grind test. Anterior and Lachman testing were negative. Range of motion was normal. MR arthrogram of the left knee dated August 14, 2013 revealed no evidence for meniscal tear or ligamentous injury; and positive findings of focal chondromalacia, patella. Utilization review from January 2, 2014 denied the request for Tramadol and Naprosyn because it was not clear why the patient could not use over-the-counter anti-inflammatories and analgesics instead; and Kenalog injection to the left knee because there was no documentation of any severe objective osteoarthritic component occurring in the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. In this case, the patient was being prescribed with Tramadol since December 2012 (17 months to date); however, there was no objective functional gains documented from medication use. Furthermore, the present written request did not specify the frequency, duration, and number of tablets to be dispensed. Therefore, the request for Tramadol is not medically necessary and appropriate.

NAPROSYN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, SPECIFIC DRUG LIST Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and they can cause gastrointestinal irritation or ulceration and renal or allergic problems. In addition, there is no evidence of long-term effectiveness for pain or function. In this case, the patient was being prescribed with Naprosyn since December 2013 (5 months to date); however, there was no documentation of functional gains. Furthermore, the present written request did not specify the frequency, duration, and number of tablets to be dispensed. Therefore, the request for Naprosyn is not medically necessary and appropriate.

KENALOG INJECTION TO THE LEFT KNEE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Corticosteroid Injection.

Decision rationale: The Official Disability Guidelines (ODG) states that the short-term benefit of intraarticular corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported but longer-term benefits have not been confirmed. In this case, the medical records did not indicate findings of knee osteoarthritis but an MR Arthrogram of the left knee patellar chondromalacia. ODG is silent regarding the use of intraarticular corticosteroids for patellar chondromalacia. In addition, the dosage of Kenalog was not

specified. Therefore, the request for Kenalog injection to the left knee is not medically necessary and appropriate.