MAXIMUS Federal Services

Case Number:	CM14-0115941		
Date Assigned:	08/04/2014	Date of Injury:	07/21/2010
Decision Date:	10/16/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; multiple knee surgeries, including a left total knee arthroplasty with subsequent revision on February 4, 2014; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 30, 2014, the claims administrator denied a request for naproxen, tramadol, and a topical compounded agent. In an April 30, 2014 progress note, the applicant presented to follow up some three months removed from the left knee total knee arthroplasty procedure. The applicant stated that his pain was well controlled and he was ambulating without the aid of any assistive device. The applicant was doing daily home exercises and receiving formal physical therapy. The applicant stated that he would like to return to modified duty work. The applicant was asked to continue Tylenol NSAIDs for knee pain complaints. The applicant was returned to modified duty work. In a later progress note dated June 11, 2014, it was again stated that the applicant's pain was well controlled, that he was ambulating without the aid of any assistive devices, and working modified duty. It was again stated that the applicant was deriving appropriate analgesia from his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic knee pain reportedly present here. In this case, the applicant has, furthermore, demonstrated medication efficacy as evinced by continued reports of appropriate analgesia achieved as a result of ongoing naproxen usage and as evinced by the applicant's successful return to modified duty work. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Flurbiprofen 20%, Tramadol 20%210mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including naproxen and tramadol, effectively obviates the need for the flurbiprofen-tramadol containing topical compound. Therefore, the request is not medically necessary.

Tramadol 50mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, the applicant has returned to modified duty work, the attending provider has posited. Ongoing usage of tramadol has ameliorated the applicant's ability to perform physical therapy and daily home exercises, it was further suggested. The applicant is, finally, deriving appropriate analgesia from ongoing tramadol usage, it was further stated on several occasions, referenced above. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.