

Case Number:	CM14-0122703		
Date Assigned:	09/24/2014	Date of Injury:	04/04/2004
Decision Date:	10/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 42-year-old who reported an injury on April 4, 2004. The mechanism of injury was not provided. The injured worker's diagnoses included status post right knee surgery with significant residuals, left knee internal derangement, and left ankle internal derangement. The injured worker's past treatments included a TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, medications, and Synvisc injections. On the clinical note dated April 29, 2014, the injured worker complained of left ankle and bilateral knee pain. The injured worker had bilateral tenderness to palpation at the medial and lateral joint line; positive McMurray's tests bilaterally; positive patellofemoral crepitation; severe knee pain; and range of motion on the right was 0 to 90 degrees and on the left was 0 to 110 degrees. The injured worker's medications were not provided. The request was for Ultram extended release 150 mg and Anaprox 550 mg. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

Decision rationale: The injured worker was diagnosed with status post right knee surgery with significant residuals, left knee internal derangement, and left ankle internal derangement. The injured worker complained of left ankle pain and bilateral knee pain. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is a synthetic opioid affecting the central nervous system. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the medication. Additionally, the request did not indicate the frequency of the medication. As such, the request for Ultram ER 150 mg, sixty count, is not medically necessary or appropriate.

Anaprox 550 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

Decision rationale: The injured worker was diagnosed with status post right knee surgery with significant residuals, left knee internal derangement, and left ankle internal derangement. The injured worker complained of left ankle pain and bilateral knee pain. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines state 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. NSAIDs are recommended as an option for short term symptomatic relief for chronic low back pain. The injured worker's medical records lacked documentation of the efficacy of the medication, the timeframe of efficacy, the efficacy of functional status that the medication provided, and the pain rating pre and post medication. Additionally, the request did not indicate the frequency of the medication. As such, the request for Anaprox 550 mg, sixty count, is not medically necessary or appropriate.