

Case Number:	CM14-0161498		
Date Assigned:	10/06/2014	Date of Injury:	06/14/2011
Decision Date:	10/31/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 44-year-old female with a reported date of injury on 06/11/2011. The mechanism of injury was a fall. The injured worker's diagnosis included chronic sprain/strain of the right knee. The injured worker's past treatments included pain medication, physical therapy, and surgical intervention. There was no relevant diagnostic imaging submitted for review. The injured worker's surgical history included right knee arthroscopy. The subjective complaints on 04/03/2014 included right knee pain. The physical examination of the right knee noted a normal range of motion for the right and left knee. There was pain on palpation mainly along the medial joint line. The McMurray's test was negative. The injured worker's medications included Tramadol, Diclofenac sodium, Gabapentin, and Orphenadrine citrate. The treatment plan was not provided. A request was received for Ultram ER and replacement of E-Stim. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

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

Decision rationale: The California MTUS Guidelines state 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The injured worker has chronic knee pain. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning or aberrant behavior. Furthermore, there was no current drug screen submitted to assess for aberrant behavior or compliance. Additionally, the request submitted did not provide a medication dose, frequency or quantity. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Replacement of E-Stim: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrotherapies

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for replacement of E-Stim is not medically necessary. The California MTUS Guidelines state that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. There was a lack of documentation that the patient has participated in a functional restoration program. In the absence of an evidence based functional restoration program in addition to the TENS unit, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.