MAXIMUS Federal Services

Case Number:	CM14-0180334		
Date Assigned:	11/04/2014	Date of Injury:	04/20/2012
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old male who was injured on 4/20/2012. He was diagnosed with neck sprain, cervical radiculitis, lumbar radiculitis, coccygodynia, right elbow pain, bilateral shoulder pain, headaches, knee sprain, left meniscal tear, umbilical hernia, and myofascial pain syndrome. He was treated with physical therapy and medications including opioids. On 9/29/14, the worker was seen by his primary treating physician complaining of shoulder pain, wrist pain, elbow pain, and left knee pain. He also reported occasional right knee pain (new complaint) associated with "giving away". Physical findings of the right knee included tenderness at joint line, positive McMurray's test, crepitus, edema, and normal strength. He was then recommended to have a magnetic resonance imaging (MRI) of the right knee and continue his chronic use medications, including Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that "special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out." The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was a new reported symptom of occasional right knee pain with "giving away" and physical findings showing edema, tenderness at midline, and positive McMurray's test. These symptoms and objective findings alone, in the opinion of the reviewer, do not warrant MRI imaging of the right knee. Although there may be pathology (arthritis, meniscal tear) present, MRI should be reserved for those not responding to physical therapy alone, and who are considering surgery. There was no evidence in the documents provided showing the worker was experiencing any signs or symptoms of a red flag diagnosis. Therefore, the request for Magnetic Resonance Imaging (MRI) of the Right Knee is not medically necessary at this time.

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that "opioids may be considered for moderate to severe chronic pain as a secondary treatment," but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker who had been using tramadol chronically leading up to this request, there was insufficient evidence that this review was completed prior to the request for refill. Also, previous requests suggested weaning odd of this medication due to lack of evidence of benefit. There was also no recent evidence of functional benefit documented which might have convinced the reviewer otherwise. Therefore, the request for Tramadol is not medically necessary.