

Case Number:	CM14-0084657		
Date Assigned:	07/21/2014	Date of Injury:	02/25/2014
Decision Date:	09/24/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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 Management 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 55 year old male who sustained an injury on 02/25/14 when he jumped approximately 6 feet landing on his right side on pavement. The injured worker was initially assessed with a right knee quadriceps rupture, chondromalacia patella of the right knee, and lumbar spondylosis. He is noted to have had multiple surgical procedures to include repair for the right quadriceps tendon disruption as well as arthroscopic chondroplasty and lateral meniscal debridement, multi-level lumbar degenerative disc disease in the lumbar spine. Prior treatment includes physical therapy for the right knee and has been completed. The injured worker was seen on 05/06/14 with continuing complaints of pain in the mid to low back as well as the right knee and quadriceps. The injured worker's physical examination noted limited range of motion in the lumbar spine with tenderness to palpation, and limited range of motion in the right knee and tenderness present over the right medial joint line as well as the medial patellar facet. The injured worker was utilizing Ibuprofen 800 milligrams, Tramadol, Hydrocodone, and Flector patches at this evaluation. Radiographs of the bilateral knees noted some joint space narrowing. The injured worker was referred for further physical therapy for the lumbar spine at this evaluation. The requested Tramadol 50 milligrams quantity sixty, Ibuprofen 800 milligrams quantity sixty, and Flector patches 1.3 percent quantity sixty were all denied utilization review on 05/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Tramadol (Ultram, Ultram ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review did not identify any specific functional improvement or pain reduction obtained with the use of this medication that would support its ongoing use. Per guidelines, Tramadol is a short acting analgesic that can be utilized as an option in the treatment of moderate to severe musculoskeletal complaints. As the clinical documentation submitted for review did not clearly identify any specific functional improvement or pain reduction obtained with the use of this medication, its ongoing use would not be medically necessary at this point in time.

60 tablets of Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects.

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

Decision rationale: The chronic use of prescription non-steroidal anti-inflammatories (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over the counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could reasonably transition to an over the counter medication for pain. Therefore, this request is not medically necessary.

60 Flector patches 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Online edition Chapter: Pain Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Flector patches 1.3 percent, quantity sixty would not be considered medically necessary based on review of the clinical documentation submitted. There is a duplication of therapy as the injured worker was utilizing Ibuprofen. Per guidelines, Flector

patches can be utilized as an option for the treatment of osteoarthritis when oral anti-inflammatory have either failed or are contraindicated. In this case, there is no indication that the injured worker had any contraindications to oral anti-inflammatories. As such, this topical medication would not be supported as medically necessary at this time.