

<b>Case Number:</b>	CM14-0214560		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/06/2003
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 50 year old female with an injury date of 04/06/03. Based on the 06/18/14 progress report provided by treating physician, the patient complains of worsening left knee and low back pain. Physical examination to the left knee on 06/18/14 revealed tenderness along the medial and lateral patella facets. Subpatellar crepitation with range of motion and pain with deep flexion present. Patient's medications include Celebrex and Ultram. Ultram was refilled in progress report dated 06/18/14. Celebrex has been prescribed in treating physician reports dated 06/26/13, 02/12/14 and 06/18/14. Per progress report dated 06/18/14, patient received injection of Kenalog and Marcaine to the left knee without complications. Per treating physician report dated 06/18/14, the patient has been under the care of "an occupational medicine physician" and comes for orthopedic re-evaluation. The patient "recently fell and notes some functional improvement and pain relief with the adjunct of the medication." Treating physician requests authorization for requests "based on the patient's degree of progress with current treatment," per progress report dated 06/18/14. The patient is retired. MRI of the left knee 11/29/13, per treating physician report dated 06/18/14- Degenerative arthrosis of the patellofemoral joint- tendinosis and partial tear of the anterior cruciate ligament - Medial meniscal cyst and popliteal cyst  
 Diagnosis 06/18/14- patellofemoral arthrosis, left knee- Lumbar spondylosis  
 The utilization review determination being challenged is dated 12/15/14. Treatment reports were provided from 06/26/13 - 06/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #30 with refills x2.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, medication for chronic pain, Tramadol Page(s): 88 and 89, 76-78.;

**Decision rationale:** The patient presents with worsening left knee and low back pain. The request is for ULTRAM 50MG #30 WITH REFILLS X2. MRI of the left knee dated 11/29/13, per treating physician report dated 06/18/14 revealed degenerative arthrosis of the patellofemoral joint, tendinosis and partial tear of the anterior cruciate ligament, and medial meniscal cyst and popliteal cyst. Per treating physician report dated 06/18/14, the patient has been under the care of "an occupational medicine physician" and comes for orthopedic re-evaluation. Patient's medications include Celebrex and Ultram. Per progress report dated 06/18/14, patient received injection of Kenalog and Marcaine to the left knee without complications. The patient is retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultram was refilled in progress report dated 06/18/14. The patient "recently fell and notes some functional improvement and pain relief with the adjunct of the medication." Treating physician requests authorization for requests "based on the patient's degree of progress with current treatment." However, treating physician does not discuss in detail what functional benefits the patient has had; and there are no discussions of how Ultram significantly improves patient's activities of daily living with specific examples of ADL's. There are no numerical scales or validated instruments to address analgesia; no mention of adverse effects; no UDS's, opioid pain agreement, or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Celebrex 200mg #30 with refills x2.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with worsening left knee and low back pain. The request is for CELEBREX 200MG #30 WITH REFILLS X2. MRI of the left knee dated 11/29/13, per treating physician report dated 06/18/14 revealed degenerative arthrosis of the patellofemoral joint, tendinosis and partial tear of the anterior cruciate ligament, and medial meniscal cyst and popliteal cyst. Per treating physician report dated 06/18/14, the patient has been under the care of "an occupational medicine physician" and comes for orthopedic re-evaluation. Patient's medications include Celebrex and Ultram. Per progress report dated 06/18/14, patient received injection of Kenalog and Marcaine to the left knee without complications. The patient is retired. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Celebrex has been prescribed in treating physician reports dated 06/26/13, 02/12/14 and 06/18/14. The patient "recently fell and notes some functional improvement and pain relief with the adjunct of the medication." Treating physician requests authorization for requests "based on the patient's degree of progress with current treatment," per progress report dated 06/18/14. Treating physician has not discussed GI issues, nor documented patient has trialed other NSAID's. However, the patient has been on Celebrex for over one year without mention of adverse effects; and treating physician has discussed pain relief, functional improvement, and a recent fall. The request appears reasonable and meets guideline indications for NSAID's. Therefore, the request IS medically necessary.

**Cortisone injection to the left knee x1.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid Injections.

**Decision rationale:** The patient presents with worsening left knee and low back pain. The request is for CORTISONE INJECTION TO THE LEFT KNEE X1. MRI of the left knee dated 11/29/13, per treating physician report dated 06/18/14 revealed degenerative arthrosis of the patellofemoral joint, tendinosis and partial tear of the anterior cruciate ligament, and medial meniscal cyst and popliteal cyst. Patient's medications include Celebrex and Ultram. The patient is retired. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states: "Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for Intra-articular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee- Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); - Pain interferes with functional activities

(e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease... Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three."The patient "recently fell and notes some functional improvement and pain relief with the adjunct of the medication." Treating physician requests authorization for requests "based on the patient's degree of progress with current treatment," per progress report dated 06/18/14. Per treating physician report dated 06/18/14, the patient has been under the care of "an occupational medicine physician" and comes for orthopedic re-evaluation. In this case, the patient's knee has not responded to conservative modalities, including medication and therapy under an occupational medicine physician. Per progress report dated 06/18/14, patient received injection of Kenalog and Marcaine to the left knee without complications. However, there is no documentation of response and results obtained from injection. Guidelines would recommend a repeat injection with "documentation of temporary, partial resolution of symptoms with worsening pain and function," which was not available; since the most recent progress report dated 06/18/14 was the date injection to the left knee was performed. Therefore, the request IS NOT medically necessary.