

<b>Case Number:</b>	CM14-0219133		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 injured worker is a 37-year-old male, with a reported date of injury of 01/11/2013. He has reported right knee pain, and fall. The diagnoses have included right knee pain, right knee sprain, and a lateral meniscus tear. Currently, the injured worker complains of right knee pain and ongoing weakness in his right knee. The physical examination showed a mildly antalgic gait; swelling of the right knee; right medial patellar facet tenderness; right medial joint line tenderness; full flexion of the right knee; decreased extension of the right knee; normal motor examination of the right leg; and intact sensation in the right leg. The treating physician requested the oral pain medications for refill, and the urine drug screen to monitor compliance. Treatments have included Norco 5/325 mg three times a day, Ultram 2-3 times a day, ibuprofen 800 mg 1-2 times a day, labs collected 12/16/2014, an MRI of the right knee on 05/29/2014, which showed some degeneration in the meniscus, and an x-ray of the right knee, with no acute findings. On 12/22/2014, Utilization Review non-certified the request for Tramadol 50mg #60, Ibuprofen 800mg #60, Norco 5/325mg #90, and urine drug screen for date of service: 01/20/2015, and noted that long-term use of Tramadol is not recommended, there was no documentation of objective benefit or functional improvement, and no documentation of suspected drug abuse or non-compliance. The MTUS Chronic Pain Guidelines were cited. On 12/22/2014, Utilization Review non-certified the request for a follow-up visit on 01/20/2015, and noted that there was no evidence that a repeat office visit would be needed. The Non-MTUS Official Disability Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol 50 mg # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with unrated ongoing pain and weakness in his right knee. Patient is status post fall injury on 01/11/13, has no surgical history directed at this complaint. The request is for TRAMADOL 50 MG #60. Physical examination dated 12/16/14 reveals tenderness to palpation to the medial patellar facet and medial joint line on the right knee, notes positive swelling of the knee and decreased range of motion on extension. The patient is currently prescribed Norco, Ultram, and Ibuprofen. Diagnostic imaging was not included in the reports provided. Patient is currently working modified light duty. 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 states: Tramadol 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. In regards to the request for Tramadol, the treater has not provided any evidence that this patient's symptoms are effectively controlled by this medication. Progress reports provided indicate that this patient has been prescribed Tramadol since at least 02/25/14. Progress note dated 12/16/14 indicates that this patient continues to work modified light duty, but does not mention pain reduction owing to this medication, or discuss specific functional improvements. Such vague documentation of pain relief stemming from narcotic medication usage does not satisfy MTUS requirements, which specify that the prescribing physician must establish a quantitative pain reduction to substantiate continued use. Therefore, this request IS NOT medically necessary.

### **Ibuprofen 800 mg # 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with unrated ongoing pain and weakness in his right knee. Patient is status post fall injury on 01/11/13, has no surgical history directed at this

complaint. The request is for IBUPROFEN 800MG #60. Physical examination dated 12/16/14 reveals tenderness to palpation to the medial patellar facet and medial joint line on the right knee, notes positive swelling of the knee and decreased range of motion on extension. The patient is currently prescribed Norco, Ultram, and Ibuprofen. Diagnostic imaging was not included in the reports provided. Patient is currently working modified light duty. Regarding NSAID's, MTUS Chronic Pain Medical Treatment Guidelines, page 22 states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs -NSAIDs- in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regards to the request for continued Ibuprofen use, the request appears reasonable based on the patient's chronic pain condition. Oral NSAIDs are considered first-line therapies for complaints of musculoskeletal pain. However, none of the reports discuss the medication's efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation showing that this medication is reducing pain and improving function, the request would not ordinarily be supported. However, given this patient's chief complaint and the most recent physical exam findings of continued pain and swelling, continued use is appropriate. Therefore, this request IS medically necessary.

**Norco 5/325 mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with unrated ongoing pain and weakness in his right knee. Patient is status post fall injury on 01/11/13, has no surgical history directed at this complaint. The request is for NORCO 5/325 MG #90. Physical examination dated 12/16/14 reveals tenderness to palpation to the medial patellar facet and medial joint line on the right knee, notes positive swelling of the knee and decreased range of motion on extension. The patient is currently prescribed Norco, Ultram, and Ibuprofen. Diagnostic imaging was not included in the reports provided. Patient is currently working modified light duty. 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. In regards to the request for Norco, the treater has not provided any evidence that this patient's symptoms are effectively controlled by this medication. Progress reports provided indicate that this patient has been prescribed Norco since at least 02/25/14. Progress note dated 12/16/14 indicates that this patient continues to work modified light duty, but does not mention pain reduction owing to this medication, or discuss specific functional improvements. The treater

does not provide opiate monitoring such as UDS, either. Given the lack of documentation of the four A's as required by MTUS, the request IS NOT medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT) Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

**Decision rationale:** The patient presents with unrated ongoing pain and weakness in his right knee. Patient is status post fall injury on 01/11/13, has no surgical history directed at this complaint. The request is for URINE DRUG SCREEN. Physical examination dated 12/16/14 reveals tenderness to palpation to the medial patellar facet and medial joint line on the right knee, notes positive swelling of the knee and decreased range of motion on extension. The patient is currently prescribed Norco, Ultram, and Ibuprofen. Diagnostic imaging was not included in the reports provided. Patient is currently working modified light duty. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. In regards to the request for a qualitative urine drug screen, the requested UDS exceeds guideline recommendations. Almost monthly progress reports 02/25/14 through 12/16/14 consistently include the following line: "A preliminary drug screen was performed today in accordance with the recommendations from the California Medical Board..." though official results of these screens are not provided. It appears as though this patient has been receiving a UDS screen at every visit, without any discussion that he is a "high risk" or displays aberrant behavior which would warrant more frequent screening. Therefore, this request IS NOT medically necessary.

**Follow up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** The patient presents with unrated ongoing pain and weakness in his right knee. Patient is status post fall injury on 01/11/13, has no surgical history directed at this complaint. The request is for FOLLOW UP VISIT. Physical examination dated 12/16/14 reveals tenderness to palpation to the medial patellar facet and medial joint line on the right knee, notes positive swelling of the knee and decreased range of motion on extension. The patient is currently prescribed Norco, Ultram, and Ibuprofen. Diagnostic imaging was not included in the

reports provided. Patient is currently working modified light duty. ACOEM Practice Guidelines, Second Edition (2004), page 127, has the following, "Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In regards to the request for a follow up visit to re-evaluate this patient's complaints of chronic pain, the request appears reasonable. ACOEM guidelines dictate that follow up visits with specialists - such as the pain specialist in this case - are appropriate in gauging the effectiveness of therapies and to monitor patient outcomes. In this case it appears as though the pain specialist is prescribing a return visit to reevaluate this patient. Therefore, this request IS medically necessary.