

Case Number:	CM15-0003639		
Date Assigned:	01/14/2015	Date of Injury:	06/09/2004
Decision Date:	03/16/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/08/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old male suffered an industrial injury on 6/9/04 with subsequent left knee pain. The injured worker was diagnosed with a medial meniscus tear. Treatment included partial medial meniscectomy, physical therapy, sympathetic nerve blocks, psychiatric care and medications. No recent magnetic resonance imaging was submitted for review. In a PR-2 dated 11/16/14, the injured worker complained of left calf pain and swelling, left knee pain, left hip pain and left ankle pain. Work status was permanent and stationary. Current diagnoses included left knee strain, torn medial meniscus status post arthroscopy and partial meniscectomy, left calf contusion, right sympathetic dystrophy, industrial stress syndrome, depression and left lower extremity deep vein thrombosis. Physical exam was remarkable for swelling and tenderness to palpation to the left calf and ankle, left knee with no tenderness, mild crepitus and negative McMurray's. The treatment plan included continuing medications Ultram ER 1 every twelve hours as needed, Relafen 750mg twice a day, Protonix 20 mg twice a day, Elavil 25 mg 1 to 3 at bedtime and Coumadin per primary physician. On 12/13/14, Utilization Review noncertified a request for Ultram ER 150mg #60, Relafen 750mg #60 and Protonix 20mg #60 citing CA chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. Complex Regional Pain Syndrome (CRPS), 2. Opioids. Page(s): 35-41, 74-96..

Decision rationale: Per the MTUS pharmacological treatment of CRPS include antidepressants particularly amitriptyline, anticonvulsants particularly gabapentin. NSAIDs and Opioids among others. A review of the injured workers medical records reveal a diagnosis of RSD and DVT. Opioids should be continued if the patient has returned to work or has improved functioning and pain. On going management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. A review of the injured workers medical records show that his medication regimen was switched from Norco to Ultram however a clear reason for why this happened is not found in the medical records that are available to me, there was also no documentation of improved functioning and pain per the MTUS criteria for on-going management, therefore the request for Ultram ER 150mg #60 is not medically necessary at this point.

Relafen 750mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. Complex Regional Pain Syndrome (CRPS), 2. NSAIDs (non-steroidal anti-inflammatory drugs) P.

Decision rationale: Per the MTUS pharmacological treatment of CRPS include antidepressants particularly amitriptyline, anticonvulsants particularly gabapentin. NSAIDs and Opioids among others. A review of the injured workers medical records reveal a diagnosis of RSD and DVT, Per the MTUS NSAIDs are recommended in the treatment of moderate to severe pain and there is no evidence to recommend one drug in the class over the other based on efficacy. The use of relafen in this injured worker with RSD is medically necessary and appropriate.

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Page(s): 68-69..

Decision rationale: Per the MTUS, clinicians should evaluate the indications for NSAIDs against both GI and cardiovascular risk factors and determine if the patient is at risk for GI events based on certain criteria which includes concurrent use of ASA, corticosteroids and /or an anticoagulant. A review of the injured workers medical records reveal that he is on coumadin and therefore based on the guidelines the request for protonix 20mg is medically necessary.