

Case Number:	CM15-0004821		
Date Assigned:	01/16/2015	Date of Injury:	07/12/2009
Decision Date:	05/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 67 year old female, who sustained an industrial injury on July 12, 2009. The diagnoses have included internal derangement of the left knee. Treatment to date has included Magnetic resonance imaging of left knee electromyogram of lower extremities and oral medications. Currently, the injured worker complains of severe left knee pain and lack of full extension that radiates up and down her leg. On December 15, 2014 Utilization Review non-certified a Tramadol 50mg quantity 60, Tramadol HCL ER 150mg quantity 30, Anaprox 550mg quantity 60, and Norco 10/325mg quantity 60 noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 10, 2014, the injured worker submitted an application for IMR for review of Tramadol 50mg quantity 60, Tramadol HCL ER 150mg quantity 30, Anaprox 550mg quantity 60, Tramadol HCL ER 150mg quantity 15, Tramadol 50mg quantity 30 and Norco 10/325mg quantity 60.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

Decision rationale: The IW is documented to be on an opioid for pain relief. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.

Norco 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

Decision rationale: The IW is documented to be on an opioid for pain relief. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.

Anaprox 550 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the MTUS and ODG guidelines NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. There was no mention in the documentation of NSAID use. This request is not medically necessary and appropriate at this time.

Tramadol HCL ER 150 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

Decision rationale: The IW is documented to be on an opioid for pain relief. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.