

<b>Case Number:</b>	CM15-0009055		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/19/1997
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: 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 male with a date of injury as 12/19/1997. The current diagnoses include internal derangement of the knee bilaterally, chronic pain syndrome, and ankle sprain/strain. Previous treatments include oral and topical medications, knee surgery, bilateral knee brace, knee injections, TENS unit, and hot and cold wraps. Primary treating physician's reports dated 07/23/2014 through 12/10/2014 were included in the documentation submitted for review. Report dated 12/10/2014 noted that the injured worker presented with complaints that included pain in both knees. Physical examination revealed tenderness along both knees with mild swelling, and range of motion is limited due to pain. The injured worker uses a cane to assist with ambulation. The physician noted that the injured worker is prescribed Tramadol for pain and diclofenac for inflammation. The injured worker is not working. The utilization review performed on 01/12/2015 non-certified a prescription for Tramadol and Diclofenac based on medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Tramadol ER 150mg #30 (DOS: 12/10/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #30 date of service December 10, 2014 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are Internal derangement of bilateral knees; chronic pain syndrome; and ankle sprain/strain as a result of compensation from the knee injury with antalgic gait as well as weight gain as a result of limited activity due to injuries. Subjectively, the injured worker ambulates with a cane. She complains of pain in both knees and has difficulty standing from the seating position. Objectively, there is tenderness along both knees with mild swelling present. There is no infusion noted. Treating physician initiated tramadol July 23, 2014. This is the earliest progress note date in the medical record. Entry was a refill. The documentation is unclear as to the start date for tramadol ER. Documentation did not contain evidence of objective functional improvement, detailed pain assessments, or risk assessment. Consequently, absent documentation with objective functional improvement to gauge the ongoing use of tramadol in conjunction with detailed pain assessments, tramadol ER 150 mg #30 date of service December 10, 2014 is not medically necessary.

**Retrospective: Diclofenac 100mg #30 (DOS: 12/10/14): Upheld**

**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 NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac 100 mg #30 date of service December 10, 2014 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Period the main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are Internal derangement of bilateral knees; chronic pain syndrome; and ankle sprain/strain as a result of compensation from the knee injury with antalgic gait as well as weight gain as a result of limited activity due to injuries. Subjectively, the injured worker ambulates with a cane. She complains of pain in both knees and has difficulty standing from the seating position. Objectively, there is tenderness along both knees with mild swelling present. There is no infusion noted. Treating physician initiated diclofenac July 23, 2014. This is the earliest progress note date in the medical record. The entry was a refill. The documentation is unclear as to the start

date for diclofenac. The documentation does not contain evidence of objective functional improvement as it relates to diclofenac. Consequently, absent clinical documentation with objective functional improvement to gauge diclofenac's efficacy, diclofenac 100 mg #30 date of service December 10, 2014 is not medically necessary.