

Case Number:	CM15-0012765		
Date Assigned:	01/30/2015	Date of Injury:	07/09/2014
Decision Date:	03/26/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/22/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male who reported an injury on 07/09/2014. His mechanism of injury was not included. His diagnoses included right knee medial compartment degenerative joint disease and degenerative medial meniscus tear with associated bone marrow edema in the medial compartment. Clinical documentation of 12/12/2014 indicated on physical examination, the injured worker had cervical spine range of motion measured at forward flexion of 40 degrees, extension was 45 degrees, left rotation and right rotation were 55 degrees, and left and right lateral side bending were 45 degrees. Strength was 5/5 in the bilateral upper extremities. There were no sensory deficits noted along the lateral arms. The lumbar spine had no tenderness noted over the midline, left and right paraspinal musculature, or left and right costovertebral angles. Range of motion was measured at flexion to 60 degrees, extension to 35 degrees, left and right rotation to 55 degrees, and left and right lateral side bending to 50 degrees. Right knee was noted to have 5 degrees varus, no effusion, no soft tissue swelling, no tenderness over the medial joint line, and no tenderness over the lateral joint line. Range of motion was measured at flexion to 145 degrees. Internal and external rotation were 0 to 5 degrees. His medications were noted to include Anaprox and Ultram. The treatment plan included requesting another cortisone shot as the last cortisone shot gave him about 4 months relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg, ninety count, no refills listed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The request for Anaprox 550 mg 90 count with no refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation regarding pain assessment, and objective functional improvement with administration of Anaprox. The request does not include dosing instructions. There was a lack of documentation regarding length of time the injured worker has been prescribed this medication. The request for Anaprox 550 mg 90 count with no refills is not medically necessary.

Ultram 150 mg, thirty count with no refills listed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ongoing management Page(s): 78.

Decision rationale: The request for Ultram 150 mg, thirty count with no refills is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. There was a lack of documentation regarding objective improvement in function or a proper pain assessment. There were no urine drug screens noted, no review of CURES reports, and no documentation of a current drug contract on file. The request does not include dosing instructions. The request for Ultram 150 mg 30 count with no refills is not medically necessary.