MAXIMUS Federal Services

Case Number:	CM15-0014306		
Date Assigned:	02/02/2015	Date of Injury:	07/30/2002
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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 Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male sustained a work related injury on 07/30/2002. According to a progress report dated 10/27/2014, the injured worker's knee had become locked. He could barely walk on it. According to the provider, the injured worker was using an extensive amount of narcotics that was not controlling his pain and that it may be the wrong drug choice for the injured worker's chronic complex regional pain syndrome. The injured worker had multiple surgeries to the knee. Diagnoses included unspecified disorder of joint lower leg, pain in joint lower leg and unspecified internal derangement of knee. The injured worker was temporarily totally disabled. According to a progress report dated 12/08/2014, the injured worker reported there was no change in his symptomology. The knee hurt all of the time. Cold weather made it worse. Medication was beneficial but not curative. There were no urine drug screenings submitted for this review. On 01/12/2015, Utilization Review non-certified 60 tablets of Norco 5-325mg, 20 tablets of Keflex 500mg and 60 tablets of Tramadol 50mg. According to the Utilization Review physician, there was no indication that the injured worker had any ongoing infections that would necessitate the use of Keflex and the concurrent request for surgical intervention was not shown to be medically necessary. In regard to Norco and Tramadol, the injured worker was already taking a series of opioids including Dilaudid and OxyContin. There was no documentation of current urine drug screens or interview during clinical visits to screen for aberrant drug related behavior. There was also lack of documentation to show that the injured worker had efficacious use of the other opioids or failure. Guidelines cited for this review included Official Disability

Guidelines Infectious Diseases, Keflex and CA MTUS Chronic Pain Medical Treatment Guidelines, page 78. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Norco 5-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 5/325mg is not medically necessary.

20 Tablets of Keflex 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, treatment index, 11th edition (web), 2014, Infectious Diseases

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Keflex.
http://www.druglib.com/druginfo/keflex/indications_dosage

Decision rationale: Keflex is an antibiotic used for the treatment of some bacterial infections. There is no documentation that the patient is suffering from a bacterial infection sensitive to Keflex. Therefore, the request is not medically necessary.

60 Tablets of Tramadol 50mg: 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 Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol 50mg Qty: 60 are not medically necessary.