

Case Number:	CM15-0014310		
Date Assigned:	02/02/2015	Date of Injury:	03/09/2009
Decision Date:	03/24/2015	UR Denial Date:	01/23/2015
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:

The injured worker is a 38 year old male, who sustained a work/ industrial injury as a correction officer on 3/9/09 when he responded to a personal alarm in another building. He has reported symptoms of intermittent left knee pain, swelling, with grinding. Prior medical history included arthroscopic surgery on the left knee in 7/2010. The diagnoses have included left knee chondromalacia patella. Treatment to date has included diagnostics, conservative treatments, cortisone injection, home exercise program, medications, and physical therapy. On 11/16/13, the Magnetic Resonance Imaging (MRI) of the left knee reported moderate to high grade interstitial tearing at the central third portion of the patellar tendon visible over a length of approximately 3 cm on a background of tendinosis, focal low grade chondral fissuring of the medial facet of the patella. The MR I on 9/9/14 reported radial free edge vertical tear of the body of the lateral meniscus, chondromalacia involving the lateral patellar facet, chronic tendinosis of the patellar tendon, mild joint effusion without gross popliteal cyst, collateral and cruciate ligaments intact. The treating physician requested pain management consult, Orthovisc injection to the left knee for chondromalacia, buccal smear test to identify risk factors for addiction, and Tramadol for pain management. On 1/23/15, Utilization Review non-certified Synvisc (Orthovisc) (1) injection left knee (QTY: 3); Buccal Smear Testing (QTY 1); and modified Tramadol HCL tablets 50 mg (QTY: 120) to Tramadol HCL tablets 50 mg (QTY: 108), noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain Medical Treatment Guidelines, and American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hyaluronic acid injections,
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>

Decision rationale: According to the Official Disability Guidelines, Hyaluronic acid injections are "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." In this case, there is no evidence of osteoarthritis. There is no clear evidence of failure of conservative therapies. Therefore, the orthovisc injection to the left knee is not medically necessary.

Buccal Smear test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Iepstad, P., T. Fladvad, F. Skorpen, K. Bjordal, A. Caraceni, O. Dale, A. Davies, M. Kloke, S. Lundstrom, M. Maltoni, L. Radbruch, R. Sabatowski, V. Sigurdardottir, F. Strasser, P. M. Fayers, S. Kaasa, C. European Palliative Care Research and N. European Association for Palliative Care Research (2011). "Influence from genetic variability on opioid use for cancer pain: a European genetic association study of 2294 cancer pain patients." Pain 152(5)

Decision rationale: According to the cited article, there is no documentation or controlled studies supporting the benefit of genetic testing before starting opioids. Therefore, the request for genetic testing is not medically necessary.

Tramadol 50 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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 with his medication. Therefore, the prescription of Tramadol 50mg quantity 120 is not medically necessary.