

Case Number:	CM15-0120661		
Date Assigned:	07/01/2015	Date of Injury:	08/19/2013
Decision Date:	09/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 50 year old male, who sustained an industrial injury on August 19, 2013. The injured worker sustained a left knee injury while performing his usual and customary job duties as a farm worker. The injured worker was descending a tractor when his left foot got caught causing the injured worker to twist and fall on his left knee. The diagnoses have included meniscus tear of the left knee, left knee chondromalacia patella, left knee degenerative joint disease and left knee capsular sprain. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, injections, physical therapy, MR Arthrogram, home exercise program and left knee surgery. Current work status was not provided. Current documentation dated May 12, 2015 notes that the injured worker reported left knee pain rated a 7/10 on the visual analogue scale. Medications included Naproxen, Pantoprazole and Tramadol. Examination of the left knee revealed tenderness and a range of motion from 0- 130 degrees. The injured worker was also noted to have painful patellofemoral crepitation and a negative McMurray's sign. The treating physician's plan of care included requests for Naproxen 550 mg # 60, Naproxen 550 mg # 90 and Tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal-anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Naproxen Page(s): 66-68.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend non-steroidal anti-inflammatory drugs as an option for short-term use to reduce pain. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patient with moderate to severe pain. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain, the following should occur: determine the aim of the use of the medication, determine the potential benefits and adverse effects and determine the injured workers preference. In this case, subsequent documentation supports that the injured worker was subjectively and objectively unchanged. The injured worker continues to have left knee pain rated at a 7/10. The documentation does not show significant pain relief or functional improvement as a result of the medication. In addition, there is lack of documentation of signs and symptoms of osteoarthritis. The request for Naproxen 550 mg # 60 is not medically necessary.

One (1) prescription of Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal-anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Naproxen Page(s): 66-68.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend non-steroidal anti-inflammatory drugs as an option for short-term use to reduce pain. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patient with moderate to severe pain. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain, the following should occur: determine the aim of the use of the medication, determine the potential benefits and adverse effects and determine the injured workers preference. In this case, the subsequent documentation supports that the injured worker was subjectively and objectively unchanged. The injured worker continues to have left knee pain rated at a 7/10. The documentation does not show significant pain relief or functional improvement as a result of the medication. In addition, there is lack of documentation of signs and symptoms of osteoarthritis. The request for Naproxen 550 mg # 90 is not medically necessary.

One (1) prescription of Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 93-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Prescriptions for opioids, per the MTUS, should be for the shortest term possible. In this case, there is a request for Tramadol without documentation of a specified quantity or duration. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.