

Case Number:	CM15-0126498		
Date Assigned:	07/13/2015	Date of Injury:	01/20/2009
Decision Date:	08/07/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old male who sustained an industrial injury to his right knee on 01/20/2009 while pushing a trash bin. The injured worker was diagnosed with lumbar herniated disc, lumbar sprain/strain, and right knee chondromalacia patella and medial and lateral femoral condyle. The injured worker is status post laminectomy, discectomy at L4-5 and L5-S1 (no date documented) and a right knee arthroscopy with partial medial and lateral meniscectomy in July 2009. Treatment to date has included diagnostic testing, surgery, physical therapy and medications. According to the primary treating physician's progress report on April 27, 2015, the injured worker continues to experience intermittent low back pain and right knee pain with occasional cramping. Examination demonstrated tenderness at the medial and lateral joint lines of the right knee. The injured worker is presently not working. Current medications are listed as Tramadol, Naproxen, Zolpidem and Omeprazole. Treatment plan consists of continuing with medication regimen, exercise and the current request for Tramadol and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg qty 60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

Decision rationale: MTUS Guidelines supports the judicious use of NSAID medication for chronic inflammatory conditions such as osteoarthritis. This individual has a medical diagnosis which is consistent with Guideline supported use of NSAID medications. No ill effects are noted and at this point in time it is reasonable to assume that if the medication is not working it will not be continued to be refilled. Under these circumstances, the Naproxen sodium 550mg qty 60 with 5 refills is supported by Guidelines and is medically necessary.

Tramadol 50mg qty 200 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific criteria that should be met to justify the long term use of opioid medications. These criteria include detailed documentation of how the opioid has/is been utilized, how much pain relief is realized, and the length of pain relief. Also, included in the criteria is the necessity to documented functional improvements as a result of opioid use and reasonable documentation that aberrant behaviors are not manifest. These Guidelines standards are not met in relation to the prescribing of Tramadol and there are no unusual circumstances to justify an exception to Guidelines. The Tramadol 50mg. qty 200 with 4 refills is not supported by Guidelines and is not medically necessary.