

Case Number:	CM15-0029728		
Date Assigned:	02/23/2015	Date of Injury:	04/26/2012
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 69 year old female, who sustained an industrial injury reported on 4/26/2012. She has reported for follow-up of a work-related injury to her right knee, and complained of persistent right knee pain, status-post right knee arthroscopy (5/20/14), and feeling much better; left knee pain; left shoulder pain; and bilateral hand pain. The diagnoses were noted to have included left knee intra-articular pain with anserine bursitis following arthroscopy; status-post right knee arthroscopy (5/2/14); bilateral carpal tunnel syndrome; right trigger thumb (acquired); bilateral first carpometacarpal joint pain; bilateral shoulder bursitis; cervical strain; and lumbar strain. Treatments to date have included consultations; diagnostic imaging studies; right knee surgery (5/20/14); physical therapy (ineffective and therefore not attending); work restrictions; rest; the use of crutches or a cane to ambulate; and medication management. The work status classification for this injured worker (IW) was noted to be returned to work on modified duties. On 1/30/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/14/2015, for Motrin 800mg, 1 by mouth 3 x a day, #90 with 3 refills; and Ultram 50mg, 1 by mouth every 6 hours, #90 with 3 refills. The Medical Treatment Utilization Schedule, chronic pain medical treatment, neck & upper back complaints, shoulder complaints, forearm/wrist & hand complaints, low back complaints, knee complaints, opioids, ibuprofen; and the Official Disability Guidelines, treatment for worker's compensation online edition, pain chapter, opioids dosing and morphine equivalent dose, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg-1 P.O. t.id. #90 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Motrin 800mg-1 P.O. t.id. #90 x 3 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications "note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has persistent right knee pain, status-post right knee arthroscopy (5/20/14), and feeling much better; left knee pain; left shoulder pain; and bilateral hand pain. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Motrin 800mg-1 P.O. t.id. #90 x 3 refills is not medically necessary.

Ultram 50mg-1 P.O. every 6hrs PRN #90 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Ultram 50mg-1 P.O. every 6hrs PRN #90 x 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has persistent right knee pain, status-post right knee arthroscopy (5/20/14), and feeling much better; left knee pain; left shoulder pain; and bilateral hand pain. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultram 50mg-1 P.O. every 6hrs PRN #90 x 3 refills is not medically necessary.

