

Case Number:	CM15-0065731		
Date Assigned:	04/13/2015	Date of Injury:	04/06/2014
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on April 8, 2014. He reported right knee pain and decreased range of motion. The injured worker was diagnosed as having meniscus tear of the right knee and compensatory low back pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, physical therapy, knee brace, back brace, home exercises, medications and work restrictions. Currently, the injured worker complains of daily pain in her lower back, left knee, left thigh, and left ankle. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Surgical intervention of the right knee was scheduled for December, 2014. She was prescribed pain medications. Evaluation on February 16, 2015, revealed improved right knee pain and compensatory left knee pain and low back pain. A retrospective request for medications was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol ER 150mg, QTY: 60, provided on date of service:

02/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Ultram (tramadol) Page(s): 78 & 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retrospective request for Tramadol ER 150mg, QTY: 60, provided on date of service: 02/16/15 is not medically necessary and appropriate.

Retrospective request for Naproxen Sodium 550mg, QTY: 90, provided on date of service: 02/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of the NSAIDS functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there are functional efficacy derived from treatment rendered enabling the patient to continue functioning. The Retrospective request for Naproxen Sodium 550mg, QTY: 90, provided on date of service: 02/16/15 is medically necessary and appropriate.

Retrospective request for Cyclobenzaprine 7.5mg, QTY: 90, provided on date of service: 02/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Retrospective request for Cyclobenzaprine 7.5mg, QTY: 90, provided on date of service: 02/16/15 is not medically necessary and appropriate.