

Case Number:	CM15-0066660		
Date Assigned:	04/21/2015	Date of Injury:	05/01/2009
Decision Date:	06/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/08/2015

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 64 year old male, who sustained an industrial injury on 05/01/2009. The initial complaints or symptoms included right knee injury resulting from a fall from a ladder. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications (including tramadol), urine drug testing, x-rays, MRIs, conservative therapies, right knee surgery, and cortisone injections. Currently, the injured worker complains of right shoulder pain. Per the progress report (01/16/2015) and the request for authorization (01/20/2015), the plan was to discontinue the use of tramadol due to the side effects of nausea and vomiting, and try Norco 5/325mg twice daily as needed. However, the utilization review report/decision states that the physician requested tramadol with refills. The diagnoses include right shoulder rotator cuff tear, status post right knee arthroscopy, right wrist sprain/strain, right wrist carpal tunnel syndrome, cervical spine strain/sprain, cervical disc protrusions, lumbar spine strain/sprain, and lumbar disc protrusions. The treatment plan consisted of medications (Norco, Prilosec, and flurbiprofen), right knee sleeve, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 PO BID PRN #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has chronic pain with no documented acute exacerbation. Although the injured worker is taking Tramadol for chronic pain there is no indication of increase in function or significant decrease in pain levels. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg 1 PO BID PRN #60 with 1 refill is not medically necessary.

Prilosec 20mg 1 PO QD #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Prilosec 20mg 1 PO QD #30 with 1 refill is not medically necessary.

Flurbiprofen Cream with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Topical Analgesics Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. NSAIDs are recommended for short term use only. The medical reports do not provide an indication why this formulation is necessary over FDA approved formulations or over the counter preparations. The request for Flurbiprofen Cream with 1 Refill is not medically necessary.

Right Knee Sleeve: 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, Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. There is no indication in the available records that the injured worker is in need of a knee sleeve. The request for Right Knee Sleeve is not medically necessary.