MAXIMUS Federal Services

Case Number:	CM15-0074186		
Date Assigned:	04/24/2015	Date of Injury:	04/10/2013
Decision Date:	07/08/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/17/2015

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: Pennsylvania, Ohio, 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:

This 50-year-old female sustained an industrial injury to the knee on 4/10/13. Previous treatment included left knee arthroscopy, physical therapy, knee brace, injections and medications. In a PR-2 dated 2/18/15, the injured worker complained of continuing left knee pain rated 7-8/10 without medications and 5-6/10 with medications. The injured worker reported a recent history of bilateral ankle swelling. The physician noted that the injured worker had been evaluated by an orthopedic surgeon who recommended surgery. Current diagnoses included left knee contusion, left knee pain and status post left arthroscopic surgery. The treatment plan included urine drug screening, medications (Tramadol, Voltaren gel and Cyclobenzaprine) and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, 1 tab by mouth twice daily, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

Decision rationale: MTUS recommends Tramadol as a first-line option and initial recommended opioid for mechanical musculoskeletal pain such as osteoarthritis. An initial physician review stated that Tramadol would not be indicated until after a trial of multiple other drug classes, including anti-epileptic medications (which are indicated per MTUS for neuropathic pain). MTUS supports this treatment as first-line, particularly given mechanical knee pain with a possible need for surgery. This request is medically necessary.

Voltaren gel 1% for local application, 12 hours on/12 hours off as needed, #100gm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Voltaren Page(s): 112.

Decision rationale: MTUS recommends topical Voltaren in specific clinical situations where affected treatment areas are amenable to topical agents, including the knee. A prior physician review concluded that topical NSAIDs share systemic risks of oral NSAIDs and therefore recommended that this request be non-certified; however, such a risk vs. benefit analysis is not consistent with MTUS guidelines. This request is specifically consistent with MTUS and is medically necessary.

Cyclobenzaprine 7. 5mg, 1 tab at bedtime #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Flexeril Page(s): 63-64.

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

Retrospective-Urine Toxicology Screen (DOS 2-18-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening, Opioids/Ongoing Management Page(s): 43, 78.

Decision rationale: MTUS recommends drug testing as an option to detect aberrant behavior. An initial physician review recommended drug screening only if there is a specific reason to suspect aberrant behavior; however, the 4 As of opioid management recommend drug testing for

all patients treated with ongoing opioids and do not give discretion to a physician to defer drug testing in selected patients prescribed opioids for an condition with potential for chronic use. Thus, this request for urine drug testing is medically necessary.