

Case Number:	CM15-0075508		
Date Assigned:	04/27/2015	Date of Injury:	06/30/2010
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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 54 year old female, who sustained an industrial injury on 6/30/10. Many of the medical records provided are difficult to decipher. She reported bilateral knee pain. The injured worker was diagnosed as having ultrasound confirmed bilateral medial meniscus tears. Treatment to date has included physiotherapy. A MRI of bilateral knees obtained on 11/12/14 revealed findings suggestive of complete posterior horn meniscal tears. A physician's report dated 1/19/15 noted the injured worker's pain was rated as 8/10. Currently, the injured worker complains of bilateral knee pain. The treating physician requested authorization for Ultram ER 150mg #30 and Voltaren XR 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 67-69, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) , criteria for use of opioids Page(s): 113,88-89,76-78.

Decision rationale: The patient presents with bilateral knee pain. The request is for ULTRAM ER 150MG #30. The provided RFA is dated 03/25/15 and the date of injury is 06/30/10. The diagnoses include having ultrasound confirmed bilateral medial meniscus tears. Treatment to date has included physiotherapy. Current medications include Ultram ER and Voltaren XR. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater reports are hand-written and eligible. Treater did not provide a reason for the request. Ultram ER was prescribed to the patient at least since 01/07/15, per provided medical reports. The use of opiates require detailed documentation regarding pain and function as required by MTUS. Treater has not stated how Ultram reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Voltaren XR 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Diclofenac sodium (Voltaren®, Voltaren-XR®).

Decision rationale: The patient presents with bilateral knee pain. The request is for VOLTAREN XR 100MG #30. The provided RFA is dated 03/25/15 and the date of injury is 06/30/10. The diagnoses include having ultrasound confirmed bilateral medial meniscus tears. Treatment to date has included physiotherapy. Current medications include Ultram ER and Voltaren XR. The patient is temporarily totally disabled. ODG Pain chapter, under Diclofenac sodium (Voltaren, Voltaren-XR) has the following: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. In this case, treater reports are hand-written and eligible. Treater did not provide a reason for the request. Voltaren XR was prescribed to the patient at least since 01/07/15, per provided medical reports. The treater does not document any improvement in function or reduction in pain due to its use. ODG supports the use of this medication only if other NSAIDs have failed and the patient has a low risk profile. The request IS NOT medically necessary.