

Case Number:	CM15-0079525		
Date Assigned:	04/30/2015	Date of Injury:	08/13/2014
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/25/2015

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: Texas, Illinois

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 57-year-old female, who sustained an industrial injury on 08/13/2014. She has reported subsequent left knee pain and was diagnosed with left knee medial meniscus tear and osteoarthropathy. Treatment to date has included oral pain medication and TENS unit. In a progress note dated 03/18/2015, the injured worker complained of 8/10 left knee pain and spasm of the left calf. Objective findings were notable for tenderness of the left knee greatest at the medial aspect, decreased range of motion and 1+ effusion. A request for authorization of Tramadol ER and Cyclobenzaprine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 3.18.15) Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 08/13/2014. The medical records provided indicate the diagnosis of left knee medial meniscus tear and osteoarthropathy. Treatment to date has included oral pain medication and TENS unit. The medical records provided for review do not indicate a medical necessity for Retro (DOS: 3.18.15) Tramadol ER 150mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Tramadol is a central acting synthetic opioid. It is not clear from the records how long she has been on opioids. The records indicate she is not well monitored for pain relief and aberrant behavior as recommended by the MTUS. Therefore, the request is not medically necessary.

Retro (DOS: 3.18.15) Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 08/13/2014. The medical records provided indicate the diagnosis of left knee medial meniscus tear and osteoarthropathy. Treatment to date has included oral pain medication and TENS unit. The medical records provided for review do not indicate a medical necessity for Retro (DOS: 3.18.15) Cyclobenzaprine 7.5mg #90. Cyclobenzaprine is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants as an option for the short-term treatment of acute exacerbation of low back pain. The recommended dosing of cyclobenzaprine is 5-10 mg three times per day for not more than 2-3 weeks. The records indicate the injured worker has been using this medication for sometime; besides the injured worker has not been diagnosed of acute exacerbation of low back pain. Therefore, the request is not medically necessary.