

Case Number:	CM15-0091661		
Date Assigned:	05/18/2015	Date of Injury:	01/06/2014
Decision Date:	09/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female who sustained an industrial injury on 1-8-14. Her initial symptoms are unavailable for review. However, the history indicates that the injured worker sustained a fall, landing in a prone position on her hands and knees. Her employer sent her to the emergency department where she received an injection of Dilaudid and sent home. On 5-4-15, she was seen by an orthopedic provider. She complained of pain "inside, behind, and in front of her right knee". She indicated that the pain began "about 4 months ago". She reported that the pain "starts in the front and radiates posterior into her knee". The provider report states that the injured worker "has another case for an alleged incident in 2013 and she continued to go to therapy and counseling". An MRI of the right knee was completed. She complained of moderate to severe right knee pain, describing it as "dull, aching, and throbbing". Her past medical history includes Hypertension, Diabetes, Multiple Sclerosis, and Depression. Her medications included Ibuprofen and Tylenol for pain. However, the record indicates that she "tried Norco, Mobic, and Flexeril". The record also indicates that she has used heat-ice treatment, physical therapy, and exercise. Her diagnoses included lumbago, contusion of the knee, sprains and strains of knee and leg not otherwise specified, and sprains and strains of lumbar region. The treatment plan included physical therapy for strengthening, medications, including Ultracet, Flexeril, and Topamax, and to repeat an MRI "if no relief from PT."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet Qty 60 (1 tab 2 times daily): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Chronic Pain Treatment Guidelines Opioids for chronic pain; Tramadol (Ultram) Page(s): 80-93; 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in December 2011 and is being treated for right knee pain with radiating symptoms starting in the front of the knee and radiating to the back of the knee. When seen, her last visit was in 2013. She had increased knee pain after running out of medications, which had included Ultracet and Flexeril. She had moderate to severe constant knee pain, which was dull/throbbing and aching. Physical examination findings included pain and tenderness with right knee range of motion. There was joint line and patellar tenderness. There was a leg length difference of 2-3 inches. Physical therapy was requested and Ultracet, Flexeril, and Topamax were prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Ultracet (Tramadol/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Ultracet had previously been effective. Prescribing was medically necessary.

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in December 2011 and is being treated for right knee pain with radiating symptoms starting in the front of the knee and radiating to the back of the knee. When seen, her last visit was in 2013. She had increased knee pain after running out of medications, which had included Ultracet and Flexeril. She had moderate to severe constant knee pain, which was dull/throbbing and aching. Physical examination findings included pain and tenderness with right knee range of motion. There was joint line and patellar tenderness. There was a leg length difference of 2-3 inches. Physical therapy was requested and Ultracet, Flexeril, and Topamax were prescribed. A muscle relaxant is a second-line option for the treatment of acute exacerbations in patients with muscle spasms. In this case, the claimant's condition is chronic without reported acute exacerbation and muscle spasms are not documented. The request for Flexeril is not medically necessary.

Topamax 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: The claimant sustained a work-related injury in December 2011 and is being treated for right knee pain with radiating symptoms starting in the front of the knee and radiating to the back of the knee. When seen, her last visit was in 2013. She had increased knee pain after running out of medications, which had included Ultracet and Flexeril. She had moderate to severe constant knee pain, which was dull/throbbing and aching. Physical examination findings included pain and tenderness with right knee range of motion. There was joint line and patellar tenderness. There was a leg length difference of 2-3 inches. Physical therapy was requested and Ultracet, Flexeril, and Topamax were prescribed. Anti-epilepsy drugs (anti-convulsants) are recommended for neuropathic pain due to nerve damage. Topamax (topiramate) has been shown to have variable efficacy. In this case, the claimant is being treated for chronic pain without evidence of nerve injury or neuropathic pain. She has knee pain with diagnoses of chondromalacia, bursitis, and early medial meniscus degeneration. Prescribing Topamax was not medically necessary.