

Case Number:	CM15-0099389		
Date Assigned:	06/01/2015	Date of Injury:	06/15/2010
Decision Date:	07/31/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 72 year old male who sustained an industrial injury on 06/15/2010. He reported stepping out of a truck and twisting his right knee when his right foot got stuck on the step. The injured worker was diagnosed as having sprain of knee and leg not otherwise specified, and postsurgical states not elsewhere classified. A MRI scan showed osteoarthritis with a torn medial meniscus and osteochondral fracture of the medial femoral condyle. He is status post right knee arthroscopy with partial medial meniscetomy (12/06/2010). After that, he continued to have knee pain and a repeat MRI scan showed an unstable subchondral fracture of the medial femoral condyle that had not healed. On 01/11/2012, the worker had a right total knee replacement. On 03/03/2015, the worker is seen in follow up of right knee problems. His right knee has no deformity or erythema, there is mild swelling, the incisions are well healed and it is non-tender. Range of motion is 0-135 degrees. There is no medial collateral ligament or lateral collateral ligament laxity. The treatment plan is for home exercise and continuation of medications. A request for authorization is made for the following: 1. Tramadol 150mg, QTY: 60, and 2. Doc-Q-Lace 100mg, QTY: 60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 150mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis are right knee sprain strain, torn medial meniscus, and osteochondral injury of the right medial femoral condyle; status post right knee arthroscopy with partial medial meniscectomy December 2010; and status post right total knee arthroplasty January 11, 2012. Date of injury is June 15, 2010. The earliest progress note in the medical record containing a Tramadol prescription is dated December 2, 2014. The injured worker was taking Ultram (Tramadol), Relafen, Protonix, Norflex, and Senna. Colace (Doc-Q-lace) was started March 31 2015. There were no complaints of constipation in the medical record. According to the most recent progress note dated April 28, 2015, the injured worker's symptoms are unchanged. There is persistent pain in the right knee with swelling. According to the QME injured worker was permanent and stationary. There is no documentation throughout the medical record indicating objective functional improvement. There are no detailed pain assessments. There are no risk assessments. There has been no attempt at weaning. Consequently, absent clinical documentation demonstrating objective functional improvement, risk assessments, detailed pain assessments, and attempted weaning, Tramadol 150mg #60 is not medically necessary.

Doc-Q-Lace 100mg, QTY: 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>.

Decision rationale: Pursuant to drugs.com, Doc-Q-Lace 100mg #60 with 5 refills #60 with two refills is not medically necessary. Docusate (Colace) is used to relieve occasional constipation and prevent dry, hard stools. Colace is a stool softener. In this case, the injured worker's working diagnosis are right knee sprain strain, torn medial meniscus, and osteochondral injury of the right medial femoral condyle; status post right knee arthroscopy with partial medial meniscectomy December 2010; and status post right total knee arthroplasty January 11, 2012. Date of injury is June 15, 2010. The earliest progress note in the medical record containing a Tramadol prescription is dated December 2, 2014. The injured worker was taking Ultram (Tramadol), Relafen, Protonix, Norflex, and Senna. Colace (Doc-Q-lace) was started March 31st

2015. There were no complaints of constipation in the medical record. According to the most recent progress note dated April 28, 2015, the injured worker's symptoms are unchanged. There is persistent pain in the right knee with swelling. According to the QME injured worker was permanent and stationary. The documentation indicates the injured worker was taking Senna as of December 2, 2014. There was no clinical rationale for discontinuing senna and starting docusate. There was no documentation (once on Docusate) with objective functional improvement and or continued constipation. Consequently, absent clinical documentation of constipation and evidence of objective functional improvement with ongoing Colace, Doc-Q-Lace 100mg #60 with 5 refills #60 with two refills is not medically necessary.