

Case Number:	CM13-0029139		
Date Assigned:	11/01/2013	Date of Injury:	09/15/2009
Decision Date:	01/17/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 29-year-old male who sustained a work-related injury on 09/15/2009 after heavy lifting. Prior bilateral knee radiographs were unremarkable. The patient was noted to have had right knee surgery in 2010. The clinical information also documented that a right knee steroid injection was done with short-lasting improvement. The patient's medications included Effexor, tramadol, naproxen and pantoprazole. The most recent evaluation dated 09/09/2013 documented patient complaints of intractable pain in the mid and lower back and right knee with radiation to the right leg. The patient rated the severity of the pain as an 8/10 but as a 4/10 at its best and a 9/10 at its worst. Physical examination of the right knee revealed no bony deformity, no erythema, no edema or crepitus. There was, however, tenderness to palpation over the medial joint line on the right knee as well as a positive anterior drawer test and positive McMurray's test. The treatment plan included a Request for Authorization for a multidisciplinary evaluation to evaluate the patient as a candidate for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right knee steroid injection: 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 Official Disability Guidelines (ODG) Knee Chapter, Injection.

Decision rationale: The Official Disability Guidelines recommend steroid injections for documented symptomatic severe osteoarthritis of the knee, and the patient should be 50 years of age. Steroid injection criteria includes pain not controlled adequately by recommended conservative care to include exercise and non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen, pain that interferes with functional activities, and is intended for the short-term control of symptoms to resume conservative medical management. The medical records provided for review lacks evidence to support the criteria for the use of a steroid injection. Additionally, the radiographs submitted for review were within normal limits. Furthermore, there was no indication that the patient had failed lower levels of conservative care as he continues to use the prescribed medication regimen. As such, the request for one (1) right knee steroid injection is non-certified.

One (1) prescription of Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The Chronic Pain Guidelines indicate that there are certain criteria for ongoing monitoring of opioid use. The criteria include documentation of the 4 A's (adverse effects, activities of daily living, aberrant behaviors and analgesic efficacy). Additionally, the guidelines recommend the use of tramadol as a second-line of therapy. The clinical information indicates that the patient's use of tramadol has been long-term, but there is no objective documentation of functional benefit being obtained through the continued use of tramadol in the medication regimen. As such, the medical necessity for tramadol 50 mg #60 has not been established.