

Case Number:	CM14-0148922		
Date Assigned:	09/18/2014	Date of Injury:	03/06/2002
Decision Date:	10/22/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 50-year-old male with a reported injury on 03/06/2002. The mechanism of injury was not reported. The injured worker's diagnoses include status post right and left knee Arthroscopic Partial Synovectomy and Resection of the Medial Plica, and Chondroplasty on 05/10/2005. The injured worker's past treatments included medications, aquatic therapy, and home exercise program. The injured worker's surgical history included Bilateral Knee Arthroscopy as listed above. The injured worker was evaluated on 07/17/2014 for complaints of intermittent bilateral knee pain, right greater than left, which worsened with prolonged weight bearing activities. The injured worker was complaining of sleep insomnia due to stress and pain for the last several weeks. The clinician observed and reported a focused physical examination of the bilateral knees, which indicated positive effusion bilaterally. There was a tight lateral retinaculum bilaterally. There was positive crepitation bilaterally. The injured worker had pain in the right knee medially and the left knee laterally. Examination revealed a positive McMurray's on the right, negative on the left, and a negative Lachman's test bilaterally. The injured worker's range of motion showed full extension bilaterally, flexion to 115 degrees on the left, and 110 degrees on the right. The injured worker ambulated with an antalgic gait and used bilateral knee unloader braces for mobility support. The injured worker's medications included Ultracet 2 tablets, twice per day as needed; Diclofenac XR 110 mg, once per day; Elavil 25 mg, at bedtime as needed. The requests were for Diclofenac XR 100 mg #90, Tramadol 37.5/325: mg #120, and Elavil 25 mg #60. No rationales for these requests were provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

Decision rationale: The request for Diclofenac XR 100mg #90 is not medically necessary. The injured worker continued to complain of bilateral knee pain. The California MTUS Chronic Pain Guidelines do recommend nonsteroidal anti-inflammatories at the lowest dose possible for the shortest period in patients with moderate to severe pain. The injured worker has been taking Diclofenac since at least 03/18/2014. The three clinical notes received for review did not provide an indication of whether or not the Diclofenac was helping with the injured worker's pain or inflammation. Additionally, the request did not include a frequency of dosing. Therefore, the request for Diclofenac XR 100mg #90 is not medically necessary.

Tramadol 37.5 /325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: The request for Tramadol 37.5/325mg #120 is not medically necessary. The injured worker continued to complain of bilateral knee pain. The California MTUS Chronic Pain Guidelines state that Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. Additionally, the injured worker had been taking the Tramadol 37.5/325; mg since at least 03/18/2014; however, no documentation was if this treatment for pain was effective. No documentation of functional benefits was provided concerning the use of Tramadol. Additionally, the request did not indicate a frequency of dosing. Therefore, the request for Tramadol 37.5/325mg #120 is not medically necessary.

Elavil 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15.

Decision rationale: The request for Elavil 25mg #60 is not medically necessary. The injured worker continued to complain of bilateral knee pain. The California MTUS Chronic Pain

Guidelines do recommend Tricyclic Antidepressants as a first line treatment for neuropathic pain. A diagnosis of neuropathic pain was not provided in the documentation submitted for review. The injured worker had been taking Elavil since at least 03/18/2014 and no evaluation for side effects was noted in the provided documentation. Additionally, the request did not include a frequency of dosing. Therefore, the request for Elavil 25 mg #60 is not medically necessary.