

Case Number:	CM13-0009527		
Date Assigned:	09/12/2013	Date of Injury:	11/19/2002
Decision Date:	01/29/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational 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.

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] registered nurse, who has filed a claim for chronic knee, chronic hip, and low back pain reportedly associated with an industrial injury of November 19, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; a cane; transfer of care to and from various providers in various specialties; a TENS unit; a hot and cold unit; multiple prior epidural steroid injections; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 19, 2013, the claims administrator certified a request for Norco, certified a request for Naprosyn, denied a request for Cartivisc (glucosamine), non-certified a request for omeprazole, and non-certified a request for tramadol. The applicant's attorney later appealed, on August 7, 2013. A later progress note of August 23, 2013, is notable for comments that the applicant reports bilateral hip pain. She is pending hip surgery. She has an antalgic gait, and is using a cane to move about. She is given diagnosis of advanced arthritic changes about the bilateral hips, chronic low back pain, and chronic neck pain. She is placed off work, on total temporary disability, is apparently pending a total knee arthroplasty. Several topical compounds are endorsed. An earlier appeal letter of July 30, 2013, is notable for comments that the applicant does carry a diagnosis of arthritis. It is stated that tramadol is being used for 24-hour analgesia purposes. It is stated that the applicant's chronic pain associated with her hips does require around-the-clock analgesia and that short-acting opioids such as Norco will not suffice. It does appear that the applicant was using tramadol extended release as of June

IMR ISSUES, DECISIONS AND RATIONALES

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

Cartivisc 500/200/150mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that Cartivisc (glucosamine) is endorsed in the treatment of moderate arthritis pain, particularly knee arthritis. In this case, the applicant does carry a diagnosis of advanced hip arthritis for which uses of glucosamine is indicated. Therefore, the original utilization review decision is overturned. The request is certified.

Omeprazole 20mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The attending provider has stated that he is using omeprazole for gastrointestinal protective purposes. The Chronic Pain Medical Treatment Guidelines indicate that prophylactic usage of proton pump inhibitors is endorsed in those applicants who are using NSAIDs, and are 65 years of age or greater. In this case, the applicant is 65 years of age (date of birth December 8, 1953), and is using an NSAID, Naprosyn. Concurrent usage of omeprazole or Prilosec is indicated. Therefore, the original utilization review decision is overturned. The request is certified.

Tramadol ER 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that opioids, such as tramadol are not recommended as the first-line treatment for osteoarthritis. In this case; however, the attending provider has successfully made a case with the applicant's chronic hip pain associated with hip arthritis has proven recalcitrant to numerous other treatments, including Naprosyn and glucosamine. The attending provider also stated that short-acting opioids such as Norco are providing inadequate analgesia. For all these reasons, then, extended-release tramadol

is an appropriate introduction, as suggested in the guidelines. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.