

Case Number:	CM13-0009926		
Date Assigned:	03/19/2014	Date of Injury:	12/12/2012
Decision Date:	06/12/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

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 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 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 patient is an employee of [REDACTED] and has submitted a claim for right knee musculoligamentous injury associated with an industrial injury date of 12/12/2012. The treatment to date has included physical therapy, acupuncture, and medications such as Advil, Ultram, Voltaren, Axid, Sentra, Omeprazole, Theramine, and Xoten-C gel. Medical records from 2013 were reviewed showing that the patient complained of right knee pain, graded 3/10 in severity. He likewise complained of difficulty sleeping. Physical examination showed tenderness over the lateral aspect of right knee. Range of motion was full. McMurray's sign was positive. The utilization review from 07/31/2013 denied the requests for Meds-3 unit because it is not recommended by the guidelines, hot and cold unit due to lack of evidence necessitating its use, narcotic test because tramadol is the only opioid prescribed, right knee sleeve due to lack of evidence that this will improve function of knee capsule, Omeprazole 20mg, #60 due to lack of gastrointestinal complaints and Naproxen Sodium 550mg, #60 because there was no clinical data to suggest any presence of inflammatory process. On the other hand, the requests for both Omeprazole 20mg, #60 and Naproxen Sodium 550mg, #60 were both certified in a utilization review, dated 09/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS- 3 UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: As stated on pages 118-120 of California MTUS Chronic Pain Medical Treatment Guidelines, the MEDS-4 unit combines interferential and NMS/EMS therapies into one unit. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required. In addition, California MTUS does not consistently recommend NMS electrotherapy. There are no intervention trials suggesting benefit from NMES for chronic pain. Therefore, the request for MEDS-3 unit is not medically necessary.

NARCOTIC TEST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Genetic Testing For Narcotic Dependence.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that genetic testing for potential narcotic abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. In this case, the only opioid medication being prescribed is Tramadol. There is no documented indication concerning the necessity of this test. Urine drug screen was previously authorized which may also detect Tramadol levels. Therefore, the request for narcotic test is not medically necessary.

OMEPRAZOLE 0MG, #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 NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient is being prescribed with both Naproxen and Voltaren. The guideline criteria have been met. However, previous utilization review determination, dated 09/27/2013, has

already certified this request. Therefore, the request for Omeprazole 20mg, #60 is not medically necessary on the basis that it may lead to duplicate dispensation of the prescribed medication.

NAPROXEN SODIUM 550MG, #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 NSAIDs Page(s): 67.

Decision rationale: As stated on page 67 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on NSAIDs and opioid chronically, however, there is still persistence of right knee pain. The medical necessity for adjuvant therapy with naproxen has been established. However, previous utilization review determination, dated 09/27/2013, has already certified this request. Therefore, the request for Naproxen 550mg, #60 is not medically necessary on the basis that it may lead to duplicate dispensation of the prescribed medication.