

<b>Case Number:</b>	CM13-0026810		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	03/28/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56-year-old female was reportedly injured on March 28, 2009. The most recent progress note, dated September 10, 2014, indicated that the injured employee was doing well after a right knee total knee arthroplasty performed on June 3, 2014. Physical examination demonstrated right knee range of motion from 0 to 120. Left knee range of motion was from 0 to 90. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right knee total knee arthroplasty, physical therapy, corticosteroid injections, Orthovisc injections, ankle braces, physical therapy, and oral medications. A request had been made for right knee Orthovisc injections, tramadol and pantoprazole and was not certified in the pre-authorization process on August 22, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Orthovisc Injections x6:** 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 ACOEM Chapter 13 Knee Complaints  
Page(s): Electronically Cited.

**Decision rationale:** According to the attached medical record, the injured employee has had a right knee total knee arthroplasty performed on June 3, 2014. Considering this, there is no longer any indication for Orthovisc injections for the right knee. This request for Orthovisc injections x 6 for the right knee is not medically necessary.

**Tramadol HCL 150mg QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

**Decision rationale:** The MTUS Chronic Pain Guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request for Tramadol is not considered medically necessary.

**Pantoprazole Sodium 20mg, QTY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

**Decision rationale:** Protonix (pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. The MTUS Chronic Pain Guidelines recommend proton pump inhibitors for patients taking NSAIDs with documented GI distress symptom. The record, provided, does not note the G.I. disorder. Nor is there documentation of long-term use of an NSAID considered to be a 'high dose NSAID as defined by the American College of Gastroenterology. Therefore, the request is not medically necessary and appropriate.