

<b>Case Number:</b>	CM13-0030977		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 is licensed to practice in Florida. 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 45-year-old male who sustained a work-related injury on 01/03/2013. The most recent progress report dated 08/30/2013 documented subjective complaints by the patient of right knee pain and swelling. Objective findings revealed tenderness to palpation, positive swelling, and range of motion that measured flexion at 80 degrees and extension at 0 degrees. The patient's diagnoses included right knee strain and internal derangement. The treatment plan included recommendation of a Functional Capacity Evaluation, recommendation of continuation of physiotherapy, and medication refills to include Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg, #90:** 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 (non-steroidal anti-inflammatory drugs), Page(s): 67-68.

**Decision rationale:** California MTUS Guidelines recommend the use of NSAIDs for osteoarthritis and acute exacerbations for chronic low back pain as a second-line treatment. The clinical information submitted for review lacks documentation of evidence to support a diagnosis

of osteoarthritis or a back pain flare up. Additionally, there is no indication that the patient has attempted, without efficacy, first-line treatment. As such, the request for naproxen sodium 550 mg #90 is non-certified.

**Hydrocodone/Acet 10/325mg, #120:** 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 Page(s): 74-80.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines require certain criteria for ongoing monitoring of opioid use which includes documentation of adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy. The clinical information submitted for review lacks objective documentation of functional benefit and pain reduction being obtained through the continued use of the requested medication. As such, the request for hydrocodone/acetaminophen 10/325 mg #120 is non-certified.

**Tramadol HCL ER 150mg, #30:** 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 Page(s): 74-80.

**Decision rationale:** California MTUS Guidelines require certain criteria for ongoing monitoring of opioid use which includes documentation of adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy. The clinical information submitted for review lacks objective documentation of functional benefit and pain reduction being obtained through the continued use of the requested medication. As such, the request for Tramadol HCL ER 150mg #30 is non-certified.

**Omeprazole 20mg, #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:** California MTUS Guidelines state proton pump inhibitors such as omeprazole are indicated for patients who are at risk for gastrointestinal events. The clinical information submitted did not indicate the patient was at risk for gastrointestinal events. As

such, the criteria have not been met, and the request is not supported. Therefore, the request for omeprazole 20 mg #60 is non-certified.