

Case Number:	CM13-0035566		
Date Assigned:	12/13/2013	Date of Injury:	04/25/2012
Decision Date:	02/24/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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. 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 40-year-old female with a date of injury on 04/25/2012. The progress report dated 03/28/2013 by [REDACTED] indicates that the patient's diagnoses include: Right knee sprain/strain with medial meniscal tear. The patient complained of increasing right knee pain. She had inability to walk more than 10 or 15 minutes and reported shearing and tearing sensation inside the right knee. The utilization review letter dated 10/03/2013 has reference to the progress report dated 09/12/2013 which noted that the patient indicated occasional locking on the outer side of her knee. Physical exam on that date demonstrated right knee tenderness. Treatment to date has included right knee arthroscopy on 06/22/2013, physical therapy, medication, and activity modification. The request was for Meloxicam 50 mg., Tramadol 50 mg., Prilosec 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient appears to continue with persistent right knee pain. MTUS page 22 states that COX-2 inhibitors may be considered if the patient has a risk of GI complications, but not for the majority of patients. MTUS page 69 has the following criteria to determine if the patient is at risk for gastrointestinal events. 1. Age greater than 65 years. 2. History of peptic ulcer, GI bleeding, or perforation. 3. Concurrent use of aspirin, corticosteroids, and/or anticoagulant. 4. High dose/multiple NSAID. The only medical record report from the treating physician is dated 03/28/2013. At that time, the patient was not taking Meloxicam. However, the patient was prescribed Prilosec, and there was no rationale provided by the treating physician in regards to evaluation of gastrointestinal events. Therefore, recommendation is for denial.

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89.

Decision rationale: The patient appears to continue with persistent right knee pain. The records did not indicate the level of pain the patient is experiencing. The progress report from 03/28/2013 indicated that the patient was being prescribed Norco 10/325 mg with a quantity of 60 for 6 weeks' duration of time. This was prior to her knee surgery. The request for Tramadol 50 mg does not have frequency of dosing. MTUS page 88 and 89 regarding long term use of the opioids states that pain should be assessed at each visit and functioning should be measured at 6-month interval using a numerical scale or validated instrument. MTUS page 93 to 94 regarding Tramadol does support the use of Tramadol for moderate to severe pain. However, for all pain medications for chronic pain, pain assessment and function must be provided (p60 MTUS). In this patient, it is unclear what level of pain the patient is experiencing due to lack of documentation. It is unclear how this medication is being prescribed as to the frequency. It is unclear whether or not this medication has been instrumental in reducing pain and improving function. Therefore, recommendation is for denial.

Prilosec 20mg: Upheld

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): 69.

Decision rationale: The patient continues with right knee pain. The progress report on 03/28/2013 indicated she was taking Anaprox as well as Prilosec and the progress report dated 09/12/2013 which was reference by the utilization review letter indicated the patient was prescribed Meloxicam and Prilosec. However, review of the reports included in the file, there are no documentation regarding the patient's risk of gastrointestinal events. MTUS page 69

requires documentation of GI risk factors such as age, concomitant use of ASA, anti-coagulant or high dose of NSAID, history of peptic ulcer dz, etc to consider prophylactic use of PPI for NSAIDs. Recommendation is for denial.