

<b>Case Number:</b>	CM13-0044165		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Georgia and Wisconsin. 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 a 45 year old male who was injured on 07/25/2013. He sustained an injury to his right knee and ankle when his foot slipped backwards off the curb, twisting them while he was at work. Prior treatment history has included transcutaneous electrical nerve stimulation (TENS) unit, and topical Voltaren. He underwent a right knee medial and lateral tear and repair of the ACL. The Occupational Injury report dated 08/15/2013 indicates the patient complained of right knee pain medially and laterally. He reported that his pain does not get better with Motrin or rest. The patient stated he has constant pain rated as 6-9/10 in his right knee. He reported locking, grinding and popping of the knee. He stated he is able to walk for 30 minutes before noticing worsening pain in his rightknee and the pain does interrupt his sleep. He does have a history of sleep apnea as well. On exam, the right knee has 1-2/4 tenderness of the right medial joint line with possible positive McMurray's sign. All his ligaments were stable without any joint effusion or other knee tenderness. The patient is able to do two-thirds of a deep knee bend before noting a worsening pain in his right knee. He was given Prilosec 20 mg, Tramadol 50 mg and Naprosyn 550 mg. Prior utilization review dated 11/11/2013 states the requests for Tramadol 50 mg and Omeprazole 20 mg #30 are not certified as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Tramadol> Page(s): 93-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain>, <Tramadol>.

**Decision rationale:** The ODG does not recommend use of Opioids as first-line of treatment for chronic non-malignant pain. The medical records provided, indicate that the patient had not undergone a trial of non-opiate analgesics prior to requesting Tramadol. Based on the ODG guidelines as well as the clinical documentation stated above, the request for Tramadol is not medically necessary.

**OMEPRAZOLE 20 MG #30:** 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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain>, <PPI criteria for use>.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines and ODG, recommend that Proton Pump Inhibitors such as Omeprazole should be limited to patients who are at high risk for gastrointestinal events. The medical records provided did not document that the patient is in the high risk category for developing gastrointestinal disorder. Based on the Chronic Pain Medical Treatment guidelines and ODG as well as the clinical documentation stated above, the request for Omeprazole is not medically necessary.