

Case Number:	CM13-0053100		
Date Assigned:	12/30/2013	Date of Injury:	03/02/2012
Decision Date:	03/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Pain Management 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 43-year-old male who reported injury on 03/02/2012. The mechanism of injury was stated to be the patient was sandwiched/pinned between a tool box and a vehicle. The patient was noted to have intermittent back and right knee pain. The patient was noted to have diagnosis of patellofemoral pain syndrome secondary to quads atrophy, chondromalacia of the patella right knee, rule out cartilage defect medial femoral condyle and status right knee arthroscopy. The request was made for tramadol and omeprazole

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The clinical documentation submitted for review failed to provide the patient had signs and symptoms of dyspepsia. Additionally, there was a lack of documentation indicating the efficacy of the requested medication. Given the above, the request for omeprazole 20 mg #30 is not medically necessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that medications for chronic pain include opiates. They further recommend documentation of an objective decrease in the VAS, objective functional improvement, documentation of adverse side effects and documentation of aberrant drug taking behavior. Clinical documentation submitted for review failed to provide documentation of the above recommendations. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for tramadol ER 150 mg #30 is not medically necessary.