MAXIMUS Federal Services

Case Number:	CM13-0064852		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2013
Decision Date:	04/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Practice 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 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:

This is a 42-year-old female patient with a date of injury 09/26/2013 and the mechanism of injury was that the patient was standing on the side of a tractor when the driver started to move it, the patient lost balance and fell, landing on the knee and twisting it and now has swelling to the lateral aspect and walks with a moderate limp. On 09/26/2013, the patient reported with right knee swelling and anterior superficial abrasions. The patient does have a history of being involved in an MVA in 1999 which fractured the knee. The patient's surgeries listed are that she underwent a left knee surgery in 1991. Medications listed as of 11/12/2013 were Vicodin 5/300 mg, Omeprazole 20 mg, Glipizide 10 mg, Metformin 1000 mg, Ondansetron ODT 4 mg, Metronidazole 500 mg, and Tramadol 37.5/325 mg. The patient has completed 9 physical therapy visits to date for the left knee which the patient reported was not helpful. Then the patient was referred for physical therapy for the right wrist and completed 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB TEST INCLUDING, CBC, CRP, CPK, CHEM 8, HEPATIC AND ARTHRITIS PANELS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1-2.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state "Analysis of the objective data (psychosocial assessment, physical exam findings, imaging results, lab tests) is needed to evaluate the patient's subjective report of pain." Based on the medical records provided for review the patient presented for evaluation and management of symptoms. The MTUS Guidelines do recommend lab tests for collecting objective data for evaluating the patient for appropriate treatment planning. The documentation did not provide adequate information to support need for lab request such as serum medication levels or suspected liver toxicity. The request for lab testing including CBC, CRP, CPK, chem 8, hepatic and arthritis panels is not medically necessary and appropriate.

ULTRACET 37.5/325MG, #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain." Although the patient did present with ongoing right knee pain as well as swelling, the MTUS Guidelines do not recommend long-term use. Tapering should be individualized and ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior is recommended. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation. The request for Ultracet 37.5/325 mg #90 is not medically necessary and appropriate.

OMEPRAZOLE 20MG, #30 WITH 2 REFILLS: 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.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The documentation submitted for review did not indicate that the patient has any reported gastrointestinal events and the MTUS Guidelines do recommend the medication if the patient is

at intermediate risk. The request for omeprazole 20 mg #30 is not medically necessary and appropriate.