

Case Number:	CM13-0066229		
Date Assigned:	01/24/2014	Date of Injury:	07/01/2011
Decision Date:	05/28/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The treatment to date include a completed physical therapy of the left knee, with no specific date documented in the medical records. He took Wellbutrin SR 150 mg twice a day, Trazodone 50mg at bedtime, and Reneron 15mg at bedtime. The date when taken was not stated in the documents. He's been seeing a psychiatrist for major depressive disorder, single episode in partial remission. The last visit was dated 9/17/2013. For his pain medications, he took Flexeril 7.5 mg, Naproxen 550mg, and Tramadol extended-release (ER) 150 mg. No date was reported in the review of medical records noted. An MRI of the knee done, which revealed normal results. The date that it was done was not indicated. In the utilization review dated November 26, 2013, Tramadol ER 150 mg and Norco 10/325mg were denied because these are not recommended as a first line therapy for pain. Protonix was denied because there is no documentation if the patient is experiencing gastrointestinal upset. The review of medical records showed constant left knee pain with a pain scale of 5-6/10 on a daily basis. There is also frequent numbness and tingling in the left knee. His activities of daily living was also affected. He only does minimal chores. A physical examination of the left knee revealed mild weakness to the knee flexion and knee extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #30 WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that there are four (4) A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been first prescribed Norco in October 2013. The patient's records did not mention any decrease in pain scores or functional improvements, such as improved performance of activities of daily living from the intake of Norco. Therefore the request for Norco 10/325mg is not medically necessary.

PROTONIX 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation PHYSICIANS' DESK REFERENCE (PDR), 67TH EDITION, 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that proton pump inhibitors, such as Protonix are recommended in cases where patients are at risk for gastrointestinal (GI) events such as high doses or multiple non-steroidal anti-inflammatory drug (NSAID) intakes. In this case, Protonix was prescribed, since patient had stomach upset mentioned in the progress note dated 10/18/13. However, subsequent progress notes did not indicate that the patient had a high risk for gastrointestinal events nor were there any complaints of GI upsets. Therefore, the use of Protonix is not medically necessary.

TRAMADOL ER 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: The Chronic Pain Guidelines indicate that ongoing opioid treatment should include the monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Tramadol since January 2013. However, there is no documentation of objective measures of analgesia or functional gains in terms of the

ability to perform activities of daily living. Therefore, the request for Tramadol is not medically necessary.