

Case Number:	CM13-0068817		
Date Assigned:	01/03/2014	Date of Injury:	02/21/2012
Decision Date:	04/30/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/20/2013

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 and 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 52-year-old female who reported injury on 02/21/2012, with the mechanism of injury being a trip and fall. The patient's medication history included NSAIDs, PPIs, and opioids for greater than 6 months. The documentation of 11/05/2013 revealed the patient had pain at the bilateral wrists and lumbar spine, as well as right knee. The pain was rated at 6/10 to 7/10. The patient's diagnoses included internal derangement of the right knee, carpal tunnel syndrome bilaterally, tenosynovitis bilateral wrists, and sprain/strain of the lumbar spine. Treatment plan included refilling medications ibuprofen, Omeprazole, and tramadol with refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG, #60 x 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for Chronic Pain and Opioids, On-Going Management Page(s): 60, 78.

Decision rationale: The MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the patient's pain level, and evidence the patient is being monitored for aberrant drug behavior and side

effects. The clinical documentation submitted for review indicated the employee had been taking the medication for greater than 6 months. There was lack of documentation of the above criteria. Additionally, the request as submitted was with 2 additional refills. There was a lack of documentation indicating the necessity for 2 refills without re-evaluation. Given the above, the request for Tramadol 50mg, #60 x 2 refills is not medically necessary.

IBUPROFEN 800 MG, #90 x 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs Page(s): 67.

Decision rationale: The MTUS Guidelines recommend NSAIDs for short term symptomatic relief of low back pain. There should be documentation of an objective functional improvement and an objective decrease in the patient's pain level. The clinical documentation submitted for review indicated the employee had been taking the medication for greater than 6 months. There was a lack of documentation of objective functional improvement and an objective decrease in the employee's pain level. The request as submitted was for 2 additional refills. There was a lack of documentation indicating the necessity for 2 refills without re-evaluation. Given the above, the request for Ibuprofen 800mg, #90 x 2 refills is not medically necessary.

OMEPRAZOLE 20 MG, #30 x 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the employee had been taking the medication for greater than 6 months. There was lack of documentation of the efficacy of the requested medication. Additionally, as the request for the NSAID was found to be not medically necessary, the request for Omeprazole 20mg, #30 x 2 refills is not medically necessary.