

Case Number:	CM13-0069230		
Date Assigned:	01/03/2014	Date of Injury:	11/25/2010
Decision Date:	04/22/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational Medicine 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 applicant is represented international gem laborer who has filed a claim for chronic right and left knee pain reportedly associated with an industrial injury of November 25, 2010. Thus far, the applicant has been treated with Analgesic medications, lumbar epidural steroid injection therapy; topical agents; transfer of care to and from various providers in various specialties; prior left knee arthroscopy in November 2011 and June 2013; prior right knee arthroscopy in December 2012; and extensive periods of time off of work, on total temporary disability. An October 14, 2013 progress note is notable for comments that the applicant has both mental and medical issues present. A November 27, 2013 progress note is notable for comments that the applicant reports ongoing knee and shoulder pain. Naprosyn, Prilosec, and tramadol are renewed while the applicant is asked to schedule a functional capacity test and a shoulder corticosteroid injection. It does not appear that the applicant is working. An earlier progress note of September 7, 2013, is notable for comments that the applicant is off of work, on total temporary disability despite having obtained chiropractic therapy, injections and facet blocks. In a Utilization Review Report of December 13, 2013, the claims administrator denied a request for Naprosyn, Prilosec, and tramadol. The claims administrator stated that it was not clear why the applicant could not use over-the-counter Prilosec. Naprosyn is also denied on the grounds that the applicant should use an over-the-counter version of the same. Tramadol was reportedly denied on the grounds that the attending provider did not make a compelling case for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL: 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 When to Continue Opioids Page(s): 80.

Decision rationale: Tramadol is a synthetic opioid. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, it does not appear that any of the aforementioned criteria have been met. The applicant's work status, functional status, and response to previous treatment with tramadol have not been clearly described. It does not appear that the applicant has returned to work. There is no evidence of appropriate analgesia and/or improved performance of activities of daily living achieved as a result of ongoing tramadol usage. Therefore, the request is not certified.

PRILOSEC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines regarding proton pump inhibitors

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, state that proton-pump inhibitors such as Prilosec can be employed in the treatment of NSAID-induced dyspepsia. In this case, however, the documentation on file does not established any ongoing issues with reflux, dyspepsia, and/or heartburn, either NSAID-induced or stand-alone. The documentation on file, as previously noted, is sparse and does not make any mention of reflux, heartburn, and/or dyspepsia. Therefore, the request is not certified.

NAPROXEN: 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 Anti-inflammatory Medication Page(s): 22.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do acknowledge the anti-inflammatory medications such as Naprosyn do represent the traditional of first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, however, the attending provider has not established the

presence of any lasting benefit or functional improvement achieved through ongoing Naprosyn usage. The applicant's work status, functional status, and response to ongoing usage of Naprosyn have not been clearly detailed or described. The applicant does not appear to be working. There is no evidence of improved performance of activities of daily living or reduction in dependence on medical treatment achieved as a result of ongoing Naprosyn usage. Therefore, the request for Naprosyn is not certified.