

<b>Case Number:</b>	CM13-0070956		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/16/2007
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 47-year-old female who reported an injury on 06/16/2007. The mechanism of injury was a slip and fall. The prior treatments include pain medications, chiropractic treatment, and physical therapy. The injured worker was treated with acupuncture and injections. The injured worker's medication history included Anaprox 550 mg #90, Prilosec 20 mg #60, Norco 10/325 mg #60, Zanaflex 4 mg #90, and ketoprofen/Flexeril cream as of 09/2011. The documentation of 09/17/2013 revealed the injured worker had current complaints of pain in the left knee that varied from a dull ache to throbbing and sharp pains. The physical examination revealed moderate tenderness to palpation in the medial joint line of the left knee. The left knee was ballotable. There was additional tenderness in the right knee in a similar location to a less significant degree. There was tenderness noted in the lower paralumbar region principally on the left side that extended over the sciatic notch. Stressing of the left knee revealed slight instability of the medial collateral ligament. The Apley's test was significant for medial meniscus pain bilaterally. The diagnoses included left knee medial meniscus disruption with partial medial collateral ligament tear and lumbar strain. The treatment plan included an orthopedic surgical consultation for the left knee, Voltaren 100 mg 1 tablet per day #30, Protonix 20 mg 1 twice a day #60, and Ultram (tramadol) 150 mg 1 tablet daily may increase to 2 times daily as needed #30 and a left knee hinged brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN 100 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Page(s): 67.

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for almost 2 years. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Voltaren 100mg #30 is not medically necessary.

**PROTONIX 20 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy and long-term PPI use has been shown to increase the risk of hip fractures per the California MTUS Guidelines. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for almost 2 years. There was a lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Protonix 20mg #60 is not medically necessary.

**ULTRAM ER 150 MG #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:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing this classification of medications for almost 2

years. There was a lack of documentation of objective decrease in pain, objective increase in function, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultram ER 150mg #30 is not medically necessary.