

Case Number:	CM14-0004488		
Date Assigned:	02/05/2014	Date of Injury:	09/09/2013
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 62-year-old male who reported an injury on September 09, 2013. The mechanism of injury was a slip and fall. The clinical note dated December 03, 2013 noted the provider was authorized for surgical intervention to the right knee and it was scheduled for the following Friday. The injured worker complained of right knee pain. The physical exam noted the injured worker had right knee tenderness at the joint line, a positive McMurray's sign, and a positive compression test. The provider also noted there was pain with terminal flexion. The injured worker had a diagnosis of internal derangement right knee with MRI evidence of medial meniscus tear. The provider recommended the injured worker continue with surgery as well as post-operative medication including Naproxen sodium tablets 550 mg, #100 and omeprazole delayed-release capsules 20mg #120. The requests for authorization for omeprazole delayed release capsules, cyclobenzaprine hydrochloride tablets, and tramadol hydrochloride tabs was dated September 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM TABLETS 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS(NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), Page(s): 66-67.

Decision rationale: The request for Naproxen Sodium Tablets 550 mg # 100 is not medically necessary. The clinical note dated December 03, 2013 noted the provider was authorized for surgical intervention to the right knee and it was scheduled for the following Friday. The injured worker complained of right knee pain. The California MTUS Guidelines note Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines also note NSAID medications are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. It appears the injured worker has been utilizing the medication since at least September 2013; there was a lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant objective functional improvement. Therefore, the request is not medically necessary.

OMEPRAZOLE DELAYED-RELEASE CAPSULES 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole delayed-release capsules 20mg #120 is not medically necessary. The clinical note dated December 03, 2013 noted the provider was authorized for surgical intervention to the right knee and it was scheduled for the following Friday. The injured worker complained of right knee pain. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had significant gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation. There was a lack of documentation indicating the injured worker is at risk for gastrointestinal events. Therefore, the request is not medically necessary.

ONDANSETRON ODT TABLETS 8MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics.

Decision rationale: The request for Ondansteron ODT tablets 8mg, # 60 is not medically necessary. The clinical note dated December 03, 2013 noted the provider was authorized for surgical intervention to the right knee and it was scheduled for the following Friday. The injured worker complained of right knee pain. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The guidelines also note they are recommended for acute use as noted per FDA- approved indications. Nausea and vomiting is common with use of opioids and the side effects tend to diminish over days to weeks of continued exposure. The guidelines note if nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The guidelines note ondansetron is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and acute use is FDA-approved for gastroenteritis. The requesting physician's rationale for the request was unclear. The guidelines recommend the use of anti-emetics; however, it appears the injured worker underwent surgical intervention in December 2013 and it was unclear if the injured worker was scheduled to undergo surgical intervention in the near future. There was lack of objective findings indicating the efficacy of the requested medication. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

Decision rationale: The request for cyclobenzaprine hydrochloride tablets 7.5 mg, # 120 is not medically necessary. The clinical note dated December 03, 2013 noted the provider was authorized for surgical intervention to the right knee and it was scheduled for the following Friday. The injured worker complained of right knee pain. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. The guidelines also note this medication is not recommended to be used for longer than 2-3 weeks. They show no benefit beyond NSAIDs in pain and overall Improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The documentation lacks evidence of this medication providing the desired effects for the injured worker. Additionally the injured worker has been utilizing the medication for an extended period of time. Therefore, the request is not medically necessary

TRAMADOL HYDROCHLORIDE ER 150MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78-79.

Decision rationale: The request for Tramadol Hydrochloride ER 150, # 90 is not medically necessary. The clinical note dated December 03, 2013 noted the provider was authorized for surgical intervention to the right knee and it was scheduled for the following Friday. The injured worker complained of right knee pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status and appropriate medication use. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines recommend the use of a urine drug screen. The documentation lacks evidence of this medication providing desired effects for the injured worker. There was a lack of an adequate and complete pain assessment within the documentation. In addition the provider failed to provide evidence of the use of a urine drug screen. Therefore, the request is not medically necessary.

LEVOFLOXACIN 750MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease.

Decision rationale: The request for Levofloxacin 750 mg, # 30 is not medically necessary. The clinical note dated December 03, 2013 noted the provider was authorized for surgical intervention to the right knee and it was scheduled for the following Friday. The injured worker complained of right knee pain. The Official Disability Guidelines recommend Levofloxacin as a first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. The requesting physician's rationale for the request was unclear. There is a lack of objective findings indicating the injured worker to have osteomyelitis, chronic bronchitis, or pneumonia. Therefore, the request is not medically necessary.

QUAZEPAM 15MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 64.

Decision rationale: The request for Quazepam 15 mg, # 30 is not medically necessary. The clinical note dated December 03, 2013 noted the provider was authorized for surgical intervention to the right knee and it was scheduled for the following Friday. The injured worker complained of right knee pain. The California MTUS Guidelines do not recommend quazepam

for long-term use because long term efficacy is unproven and there is a risk of dependence. The guidelines also note the limited use of quazepam to 4 weeks. There is a lack of objective findings indicating the medication is providing the desired effects for the injured worker. In addition the injured worker had been utilizing the medication for an extended period of time since at least December 2013 which exceeds the guideline recommendation of a 4 week usage. Therefore, the request is not medically necessary.