

Case Number:	CM14-0004523		
Date Assigned:	01/15/2014	Date of Injury:	07/14/2008
Decision Date:	03/25/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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 56-year-old female with date injury of 07/14/2008. The listed diagnosis per [REDACTED] dated 12/03/2013 are: 1. Tear medial and lateral meniscus of the bilateral knee. 2. Osteoarthritis of the bilateral knees. 3. Status post arthroscopy of left knee with partial medial and lateral meniscectomy. 4. Status post arthroscopy right knee with partial medial and lateral meniscectomy. 5. Over usage of bilateral upper extremities. 6. De Quervain's tendinitis, bilateral wrists. 7. Possible carpal tunnel syndrome of the bilateral wrists. According to progress report dated 12/03/2013 by [REDACTED], the patient complains of severe pain and stiffness on both knees. There is constant popping, clicking, and swelling. Both wrists have pain with use and loss of grip strength by the end of the day. She is utilizing ice packs and stretching. She is currently not working and is not attending therapy at this time. Her current medications are Motrin, omeprazole, tramadol, and Ambien, and she indicates that these medications are helping. Physical examination shows tenderness over the right quadriceps. No weakness to the right quadriceps and tenderness on the right knee medially. The provider is requesting refills for ibuprofen 800 mg, omeprazole 20 mg, tramadol 50 mg, and zolpidem 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for chronic pain, Page(s): 60 61.

Decision rationale: This patient presents with chronic bilateral knee pain and bilateral upper extremity pain. The provider is requesting a refill for ibuprofen 800 mg to help reduce inflammation and pain. A utilization review dated 12/18/2013 denied the request stating that the document does not indicate any quantifiable ratings or functional improvement with the requested medication. The patient has been taking this medication since 01/31/2013. The MTUS Guidelines recommends NSAIDs (Nonsteroidal anti-inflammatory drugs) for pain relief generally temporary and measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvement in function and increased activity. The MTUS further states, for osteoarthritis of the knee and the hip, recommendations are at the lowest dose for the shortest period in patients with moderate to severe pain. A review of records from 01/31/2013 to 12/03/2013 shows the patient has utilized ibuprofen for pain relief since 01/2013. In this case, for patient with osteoarthritis of the knee, recommendations are for the lowest dose for the shortest period in patients with moderate to severe pain. The recommendation is for authorization.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (Nonsteroidal anti-inflammatory drugs), GI (gastrointestinal) symptoms & cardiova.

Decision rationale: This patient presents with chronic bilateral knee pain and bilateral upper extremity pain. The provider is requesting a refill for omeprazole 20 mg for use in conjunction with antiinflammatory medication to prevent stomach irritation. A utilization report dated 12/18/2013 denied the request stating that there is no documentation of gastrointestinal history to support the use of this medication. The MTUS guidelines states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events:1). Age is greater than 55 years. 2). History of peptic ulcer or GI bleeding or perforation. 3). Concurrent use of ASA (acetylsalicylic acid) or corticosteroids and/or an anticoagulant. 4). High-dose multiple NSAIDs (nonsteroidal anti-inflammatory drugs). Review of reports from 01/31/2013 to 12/03/2013 shows that the patient has had a long history of omeprazole use. The provider prescribed the medication in conjunction with her antiinflammatory medication to prevent stomach irritation. However, there is no documentation of any adverse side effects from the use of NSAIDs, no history GI (gastrointestinal) risk factors. The recommendation is for denial.

Tramadol 50mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for chronic pain, Page(s): 88-89.

Decision rationale: This patient presents with chronic bilateral knee pain and bilateral upper extremity pain. The provider is requesting a refill for tramadol 50 mg. For chronic opiate use, the MTUS guidelines require function documentation using a numerical scale or evaluated instrument at least once every six months. Documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behaviors) is required. Furthermore, under outcome measures, it is also recommends documentation of current pain, average pain, less pain, time it takes for medication to work, duration of pain relief with medications, etc. Review of reports from 01/31/2013 to 12/03/2013 shows that the patient has been prescribed tramadol since 01/2013. In this case, none of the reports provided contain documentation of pain and functional assessment as related to medication use. Therefore, the recommendation is for denial.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with chronic bilateral knee pain and bilateral upper extremity pain. The provider is requesting zolpidem 10 mg. The MTUS and ACOEM are silent with regards to this request. However, Official Disability Guidelines (ODG) state that Zolpidem is indicated for short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. In this case, the patient has been prescribed zolpidem since 01/31/2013, and zolpidem is not indicated for long-term use. Therefore, the request is denied.