

Case Number:	CM14-0010969		
Date Assigned:	02/21/2014	Date of Injury:	03/02/2012
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old male who reported an injury on 03/02/2012. The mechanism of injury was not provided in the medical records. The QME dated 01/22/2014 stated the injured worker had a right knee arthroscopy with partial synovectomy and a steroid injection into the knee on 05/06/2013. The knee was found to be essentially normal with only a mild medial plica noted. There was no subjective or objective findings included in the review. The request for authorization form was not included in the medical documents for review. The provider's rationale for the request was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DICLOFENAC XR 100MG #30 DOS: 12/1713:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), 46-47

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDS's Page(s): 70.

Decision rationale: The California MTUS Guidelines state that all NSAID's are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is lack of evidence in the medical records provided of a complete and accurate pain assessment, and the efficacy of the medication. As such, the request for diclofenac XR 100MG #30 is not medically necessary.

RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20MG #30 DOS: 12/1713: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAID's, GI symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitor 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 to include age greater than 65 years; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA corticosteroids, and/or an anticoagulant, or number 4 high dose/multiple NSAIDs. The medical documentation does not indicate the injured worker has gastrointestinal symptoms. The clinical information did not indicate the injured worker had a history of peptic ulcer, GI bleed, or a perforation. The documentation did not include significant symptoms related to gastrointestinal risks. As such, the request for omeprazole 20mg #30 is not medically necessary.

RETROSPECTIVE REQUEST FOR TRAMADOL ER 150MG #30 DOS: 12/1713:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 79-81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioid, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk of aberrant drug abuse behavior, and side effects. As such, the request for tramadol ER 150mg #30 is not medically necessary.