

Case Number:	CM14-0115439		
Date Assigned:	08/04/2014	Date of Injury:	03/27/2008
Decision Date:	09/23/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family Practice, 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:

51 yr. old male claimant sustained a work injury on 3/27/08 involving the knees. He was diagnosed with bilateral meniscal tears and underwent surgical repair. A progress note on 6/30/14 indicated the right knee had minimal tenderness and the left knee and medial joint line tenderness. The treating physician requested a month refill on Tramadol 50 mg BID for pain, Naproxen 550 mg BID and Omeprazole 20 mg daily for GI upset secondary to medications. He had been on the Tramadol and Omeprazole for at least 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg one by mouth every 12 hours for pain as needed #60 x 3 months supply:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 119. Decision based on Non-MTUS Citation ODG Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of

moderate to severe pain. In this case, the claimant had been taking it with NSAIDs. There is no documentation of Tylenol failure. In addition, the claimant had been taking the Tramadol chronically. There was no significant pain on the recent exam. The continued use of Tramadol is not medically necessary.

Omeprazole 20 mg one by mouth daily for stomach upset as needed #45 x 3 months:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.