

Case Number:	CM14-0128191		
Date Assigned:	08/15/2014	Date of Injury:	05/28/2013
Decision Date:	12/03/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Neurology 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 (IW) is 60 year-old female with a reported date of injury of 5/28/13. The mechanism of injury is not reported, however, the IW is reported to have constant pain in the bilateral knees. The IW reports the pain as constant and is reported as 7 out of 10. The only physical examination provided for this review is the primary treating physician's progress report dated 7/25/14. The examination is notable for tenderness in the joint line with a positive patellar grind test. The anterior drawer test is positive, as is the McMurray test. The IW does have crepitus with range of motion. (Note: the progress note does not delineate which knee is being examined; thus the findings are assumed to apply to both knees since the complaint is apparently to both knees). There is no evidence of joint instability and the quadriceps and hamstrings are reported to have normal strength. A prior utilization review is included and reports that the IW was previously prescribed Naproxen Sodium 550 mg #100 for treatment (citing a progress note from 5/19/14). Per this review, there has not been an assessment as to the efficacy of Naproxen Sodium 550 mg in the documentation. A previous request for the use of Diclofenac Sodium ER 100mg #120, Omeprazole 20mg #120, Cyclobenzaprine Hydrochloride 7.5mg #120, Tramadol ER 150mg #90, Odansetron 8mg ODT #30 has been considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67.

Decision rationale: Although the chronic pain medical treatment guidelines recommend using NSAID's (in this case, Diclofenac sodium ER 100mg) for the treatment of osteoarthritis in moderate to severe pain, the recommended treatment is for the shortest period and at the lowest dose. Per the documentation provided, the IW was previously prescribed Naproxen Sodium 550 mg #100 (dosing for fifty days of treatment). There is no report of whether or not this was effective in treating the knee pain or if there were reported side effects to warrant a change in treatment. The recommendations also state that there is no evidence any one drug in this class of NSAID's is more efficacious than any other is. There is no justification to change to Diclofenac Sodium ER 100 mg #120, and therefore it is not medically necessary.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSNSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The use of a PPI (proton pump inhibitor; in this case Omeprazole) is recommended for patients who are intermediate risk for a Gastrointestinal bleed that are actively using NSAID's. Since the use of the NSAID, in this case Diclofenac Sodium ER 100 mg is not medically necessary, it is also not medically necessary to prescribe Omeprazole for its protective effect.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of Cyclobenzaprine is recommend as an option for a short course of treatment for patients with low back pain. In this case, the IW complains of bilateral knee pain and there is no report of back pain. It is not a recommends treatment for knee pain. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

Decision rationale: Tramadol is a centrally acting synthetic opioid. The chronic pain medical treatment guidelines do not recommend the use of Tramadol as a first line therapy. It can be used on a trial basis if there is evidence of failure of first line medications such as acetaminophen or NSAIDs. In this case, there is no evidence to substantiate that the IW has failed treatment with a first line medication. In any case, a trial of this medication would not be 90 tablets. The request for Tramadol is not medically necessary.

Ondansetron 8mg ODT #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) Pain Antiemetics (for Opioid Nausea)

Decision rationale: The use of antiemetics is not recommended for nausea and vomiting secondary to chronic opioid use. There is no report the IW has any symptoms of nausea. Therefore, the use of Ondansetron is not medically necessary.