

Case Number:	CM14-0132472		
Date Assigned:	08/22/2014	Date of Injury:	07/20/2006
Decision Date:	09/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/19/2014

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 Medicine 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:

This injured worker's date of injury is 07/20/2006. The patient received contusion injuries to his knees while working on a commercial ship. The patient's medical diagnoses include: chronic knee pain, s/p knee arthroscopy 10/90/2006 and 06/18/2007, partial right anterior cruciate ligament tear, right medial meniscus tear, and meniscus tears left knee. The treating physician's report states that the patient takes naproxen, Prilosec, and Darvocet. On exam he walks with a cane, exhibits an antalgic gait, and wears a knee brace. There is tenderness on the knee joint line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-91.

Decision rationale: Ultram contains two analgesics, acetaminophen and tramadol, a mild opioid. Long-term use of opioids is associated with hazards, hyperalgesia: tolerance, drug dependence, and addiction. Documentation of these problems is required. The documentation does not discuss side effects, such as constipation, fatigue, or sedation, nor is there a description of improvement

in function from the medication. The physician's note states the patient takes Darvocet, another weak opioid acetaminophen combination pill, but this is no longer available in the US. Based on the documentation, Ultram is not medically indicated.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor (PPI), which may be medically indicated for patients taking a steroid or NSAID orally, if there is documentation of a heightened risk of gastrointestinal (GI) hazards associated with NSAID therapy. These hazards include upper and lower GI ulceration or bleeding. There is no such documentation. Prilosec is not medically indicated.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically indicated.