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| Case Number: | CM14-0150856 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 06/16/2011 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 66-year-old female who reported an injury on 06/16/2011. The mechanism of injury, surgical history and diagnostic studies were not provided. The injured worker's medication history included Ibuprofen 800 mg, Tramadol ER 150 mg, and Condrolite, as of 05/2014. The documentation of 08/07/2014 revealed the injured worker remained symptomatic and the medications were helpful. The injured worker had lumbar spine pain to palpation with decreased range of motion secondary to pain. The injured worker's diagnoses included right knee internal derangement and lumbar radiculopathy. The treatment plan included an epidural steroid injection. There was a lack of documentation of rationale for the medications. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The California MTUS Guidelines recommend glucosamine and chondroitin sulfate for the treatment of moderate arthritis pain, especially knee osteoarthritis. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 3 months. There was a lack of documentation indicating the injured worker had arthritic pain and had a diagnosis of arthritis. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Condrolite 500/200/150, #180 is not medically necessary.

Prilosec 20 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestin).

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

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg, #120 is not medically necessary.

Tramadol ER 100 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol ER 100 mg, #60 is not medically necessary.