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| Case Number: | CM14-0161686 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 05/03/2013 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

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 and Pain 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:

The injured worker is a 30 year old male who reported an injury on 05/03/2013. The mechanism of injury was documented due to the injured worker hitting his right leg when he stepped off the mower. His diagnoses included Chondromalacia of the patella; right knee, Status post Osgood-Schlatter's disease; right knee and Status post incision and drainage of infected hematoma, right tibial tubercle region. Past treatment has included 6 completed sessions of physical therapy, medications, topical medications, elastic knee brace, 8 sessions of acupuncture, work restrictions, heating pad, aspiration of the right knee with steroid injection, chiropractic treatment and physiotherapy 2 times 4 weeks. The diagnostic studies included an official magnetic resonance imaging report of the right knee on 03/23/2014. X-ray of the right knee. There was no surgical history documented in the notes. The subjective complaints on 08/01/2014 included non-constant pain in the right knee, non-constant numbness and tingling in the right lower leg and foot, right knee pain with walking, going up and down stairs, rainy weather, squatting, kneeling, running, jumping, bending, giving away and swelling. The physical examination revealed to have prominence of the right tibial tubercle. A 1.0 cm transverse healed, non-tender scar located on the medial aspect of the tibial tubercle region and soft tissue edema in the region of the right tibial tubercle. The medications were not listed in the records. The treatment plan was not provided. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Formulary

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

Decision rationale: The request for Omeprazole 20 mg # 60 is not medically necessary. The injured worker has right knee pain and tenderness. The California MTUS guidelines recommend Omeprazole for patients taking NSAIDs who are shown to be at increased risk for gastrointestinal events or who have complaints of dyspepsia related to NSAID use. There was a lack of documented evidence that the injured worker is at risk for gastrointestinal events. Additionally, it is not documented that the injured worker is on any NSAIDs. In the absence of the above information the request is not supported by the evidence based guidelines. As such, the request for Omeprazole 20 mg # 60 is not medically necessary.

Tramadol 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 119.

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

Decision rationale: The request for Tramadol 50mg #60 is not medically necessary. The California MTUS Guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic pain. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no current drug screen submitted to assess for aberrant behavior. Additionally the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior the request is not supported. As such, the request is not medically necessary.

Orphenadrine 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation ODG Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs Page(s): 64-65.

Decision rationale: The request for Orphenadrine 100 mg #60 is not medically necessary. The California MTUS Guidelines state antispasmodics are used decrease muscle spasm in conditions such as LBP and are recommended for a short course of therapy not to exceed 3 weeks. There is a lack of clear evidence on when the injured worker started the medication. As antispasmodics are recommended for short course of therapy the request does not meet the evidence based guidelines. As such, the request is not medically necessary.