

<b>Case Number:</b>	CM14-0169949		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Orthopedic Surgery, 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 66-year-old female who reported injury on 06/11/2010. The injured worker sustained an injury to her right knee while reaching for a box. Prior treatment history includes 24 physical therapy sessions, MRI studies, cortisone injections, right knee arthroscopy, subtotal medial meniscectomy, and chondroplasty medial femoral condyle. The injured worker was evaluated on 07/29/2014, and it was documented that the injured worker complained of right knee pain that was progressively getting worse. She did not benefit significantly, but only temporarily from the Orthovisc injections. Upon physical examination of the right knee, it was revealed that there was a 2+ effusion at the right knee, crepitance throughout the range of motion, with limited range of motion. Diagnoses included end stage arthritis, right knee status post arthroscopic chondroplasty. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Pain chapter), Proton pump inhibitors (PPIs)

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

**Decision rationale:** The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear the injured worker is at risk for gastrointestinal events. Moreover, the request lacked frequency of medication. Therefore, the request for Protonix 20mg #90 is not medically necessary.

**Post-Operative home based physical therapy 3x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted for review on 07/29/2014 failed to indicate the injured worker being authorized for surgery. It was documented the injured worker has had 24 sessions of physical therapy. The request that was submitted for review failed to indicate body location where postoperative home based physical therapy is required for the injured worker. As such, the request for postoperative home based physical therapy 3x3 is not medically necessary.

**Tramadol 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Tramadol 50mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other care givers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or

has improved functioning and decreased pain. For chronic low back pain, opioids appear to be efficacious but limited for short term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDS, antidepressants and or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain maybe added to but not substituted for the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations, including psychosocial assessment, side effects, failed trials of NSAIDS, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens or collateral contacts. The clinical information submitted failed to meet the evidence based guidelines for the use of opioids. The request failed to include frequency and duration of medication. Therefore, the request for Tramadol 50mg #90 is not medically necessary.