

Case Number:	CM14-0171941		
Date Assigned:	10/23/2014	Date of Injury:	08/21/2013
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in 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 33 year old male who was injured at work on 08/23/2013. The injured worker was being treated for left knee pain, but he reinjured the same knee in an accident two days before his visit with his doctor on 09/05/2014, and as a result cancelled the appointment for left knee surgery. He is reported to be complaining of worsening knee left knee pain. The physical examination was remarkable for functional range of motion, positive anterior drawer and Lachman's tests, use of LCL brace on the left knee, and negative swelling of the left knee. The worker has been diagnosed of cervical fracture; thoracic compression fracture; right shoulder supraspinatus tendinosis; left shoulder clavicle and Acromion fractures; complete anterior cruciate ligament tear; wrist contusion; lumbar spondylosis; rule out complex regional pain syndrome, coccygodynia, and new contusion left knee contusion. Treatments have included physical therapy, steroid injection of his shoulder, Naproxen, and Norco. At dispute are the requests for 60 tablets of Norco 2.5/325mg; 30 Tablets of tramadol extended release 150mg; naproxen enteric-coated, delayed release 500m; and 30 Tablets of omeprazole delayed release 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Norco 2.5/325mg: 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): 78.

Decision rationale: The MTUS does not recommend on-going treatment with opioids without detailed documented of prior benefits and adverse effects to opioids since the previous encounter. The recommended assessment is to include the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Since the records provided for review did not provide this information, the requested treatment is not medically necessary.

30 Tablets of Tramadol extended release 150mg: 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): 78.

Decision rationale: The physical therapy report stated the injured worker had not been taking the prescribed Tramadol. In addition, the MTUS does not recommend on-going treatment with opioids without detailed documented of prior benefits and adverse effects to opioids since the previous encounter. The recommended assessment is to include the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Since the records provided for review did not provide this information, the requested treatment is not medically necessary.

60 Tablets of naproxen enteric-coated, delayed release 500mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Selective (NSAIDS), and Non-Steroidal Anti-Inflammatory Drug.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338, 346.

Decision rationale: The previous records, including the physical therapy records, indicate the injured worker benefited from naproxen in the past. The MTUS recommends non-steroidal anti-inflammatory medication as an optional treatment for knee injury. Since the injured worker has a new knee contusion and responded well to this form of treatment in the past, the requested treatment is medically necessary.

30 Tablets of Omeprazole delayed release 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS does not recommend the use of the proton pump inhibitors except in documented history of gastrointestinal risk to non-steroidal anti-inflammatory drugs (NSAIDs) (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; (4) high dose/multiple NSAID, like NSAID plus low-dose Aspirin); or the use of a combination of NSAIDs with Aspirin or NSAIDs with corticosteroids. Since there is no documented evidence that the injured worker belongs to either of these groups, the requested treatment is not medically necessary.