

Case Number:	CM14-0183571		
Date Assigned:	11/10/2014	Date of Injury:	11/01/2000
Decision Date:	12/12/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency 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 62-year-old female who reported an injury on 11/01/2000. The mechanism of injury was not provided. On 09/15/2014, the injured worker presented with left knee pain, swelling, buckling, and right knee pain. Upon examination, the injured worker ambulated with a limp. There was pain and crepitus noted in the right knee. There was positive tenderness noted at the medial femoral condyle and medial joint line. Diagnoses were internal derangement of the left knee, chondromalacia of the patella of the right knee, traumatic progressive osteoarthritis of the left knee, traumatic aggravation of the shoulder with a torn medial meniscus of the right knee, traumatic osteoarthritis of the right hip status post-surgery of the left knee times 2. Medications included ibuprofen, tramadol, and Omeprazole. The provider recommended Omeprazole 20 mg and tramadol extended release 150 mg. The provider's rationale is not provided. The Request for Authorization form is dated 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 between 9/15/2014 and 11/21/2014: 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
Page(s): 70.

Decision rationale: According to the California MTUS Guidelines, Omeprazole may be recommended for injured Workers' with dyspepsia secondary to NSAID therapy and for those taking NSAID medications that are moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendation for Omeprazole. Additionally, there is no documentation that the injured worker is at moderate to high risk for gastrointestinal events. The efficacy of the prior use of the medication was not provided. There is not information on treatment history or length of time the injured worker has been prescribed Omeprazole. As such, medical necessity has not been established.

Tramadol ER 150mg #60 between 9/15/2014 and 11/21/2014: 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, Criteria for Use Page(s): 70.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, there is no information or treatment history noted. The prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.