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| Case Number: | CM14-0021562 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 07/07/2004 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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 Occupational 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 patient is a 59-year-old female who has submitted a claim for internal derangement of bilateral knees associated with an industrial injury date of July 7, 2004. Medical records from 2013 to 2014 were reviewed. The patient complained of right knee pain with spasms; occasional numbness and tingling in the right calf. Physical examination showed right lower extremity extension of 180 degrees and flexion of 100 degrees. Treatment to date has included knee brace, NSAIDs, topical analgesics, hot and cold modalities, and opioids. Utilization review from February 10, 2014 denied the request for Protonix 20MG, #60 because there was no documentation of any upper GI risk factors and long-term PPI use carries risks. The request for Trazodone 50MG, #60 was denied because the patient denied the current problems with depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITOR (PPI) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors. In this case, there was no prior Protonix use. The patient complained of right knee pain and is on NSAIDs and opioids. However, there were no reports of GI disturbances or symptoms attributed to oral pain medications. In addition, the patient has no history of peptic ulcer, GI bleeding, or perforation. Therefore, the request for Protonix 20MG, #60 is not medically necessary.

TRAZODONE 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (SELECTIVE SEROTONIN REUPTAKE INHIBITORS Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Trazodone.

Decision rationale: The CA MTUS does not specifically address Trazodone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, Trazodone is recommended only as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, there was no prior Trazodone use. Patient denied sleep issues as well as depression in the progress report of January 29, 2014. In addition, reason for prescribing Trazodone was not clearly stated. Therefore, the request for Trazodone 50MG, #60 is not medically necessary.