

Case Number:	CM14-0024292		
Date Assigned:	06/11/2014	Date of Injury:	03/21/2006
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 53 year old male who reported an injury on 03/21/2006. Upon exam on 01/14/2014 he had complained of worsening pain to knee than was before surgery. The injured worker complained of a limp causing his back and hip to "flare up". The injured worker had a history of joint injection on 10/18/2012 and knee surgery on 11/28/2012. The injured worker completed physical therapy without any improvement, although, there was a lack of physical therapy documentation provided. He had returned back to work on 01/14/2013. His diagnoses included knee pain, internal derangement of knee, peroneal nerve neuropathy and plantar fasciitis. The treatment plan was for him to take Prilosec to reduce gastrointestinal upset and to continue tramadol and ibuprofen. The request for authorization and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG #90 WITH THREE REFILLS: 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): 84.

Decision rationale: The request for Tramadol 50mg #90 with three refills is not medically necessary. The injured worker had a history of joint injections on 10/18/2012 and knee surgery on 11/28/2012. He had completed physical therapy without much benefit. There was no documentation of physical therapy notes provided. The California MTUS guidelines state that there are no long-term studies that recommend use of Tramadol for longer than three months. There was a lack of documentation regarding pain assessment and evaluation. The request does not specify directions as to how often to take this medication. Therefore the request for Tramadol is not medically necessary.

PRILOSEC 20 MG #60 WITH THREE REFILLS: Upheld

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

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

Decision rationale: The request for Prilosec 20mg # 60 with three refills is not medically necessary. There was a lack of documentation provided that the injured worker was having gastrointestinal issues. The injured worker has a history of long-term use of opioids. The California MTUS guidelines state that proton-pump inhibitors are recommended for the patient that is at risk for gastrointestinal event. The injured worker did not have a history of peptic ulcer, gastrointestinal bleed or perforation. The request did not specify directions as to how often and when to take the Prilosec. Therefore the request for Prilosec is not medically necessary.