

Case Number:	CM14-0033320		
Date Assigned:	06/20/2014	Date of Injury:	02/10/2012
Decision Date:	07/23/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 49-year-old female was reportedly injured on February 10, 2012. The mechanism of injury was noted as catching her foot on cables and twisting the right knee. The most recent progress note, dated January 15, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated a normal gait. There was no suprapatellar swelling identified and well healed ports and a valgus deformity. Range of motion was within normal limits. There was tenderness of the medial joint line. Provocative tests were negative. There was weakness of the right leg as compared to the left. Diagnostic imaging studies from May 16, 2012 revealed a right knee x-ray with medial joint line narrowing, otherwise normal. An MRI of the right knee from July 30, 2012 reported a complex tear involving anterior horn and body of lateral meniscus with mild to moderate osteoarthritic changes in the anterior compartment and early osteoarthritic changes of the medial compartment. Previous treatment included tramadol, Prilosec, Celebrex , s/p right knee arthroscopy for partial meniscectomy and physical therapy. A request had been made for Prilosec 20 mg daily # 30, tramadol 50 mg #60 and was not certified in the pre-authorization process on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole (Prilosec) 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68.

Decision rationale: Prilosec is a proton pump inhibitor used in the treatment of gastroesophageal reflux disease and is used as a protector for individuals utilizing nonsteroidal anti-inflammatory medications. There was no documentation the claimant was taking anti-inflammatories or has gastroesophageal reflux disease. The injured worker reported gastritis, but no documented pathology or notation of how this was diagnosed. Therefore, the use of this medication is not medically necessary.

Tramadol (Ultram) 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: Chronic Pain Medical Treatment Guidelines support the use of tramadol for short term use, after there has been evidence of failure treatment. Opioids can be considered first line therapy for prompt pain relief, when titrating a first line drug during episodic exacerbations or severe pain, or during neuropathic treatment, or cancer pain. Review of the records failed to document any improvement in her pain function with previously prescribed tramadol. As such, the request is not considered medically necessary.