

Case Number:	CM14-0037457		
Date Assigned:	06/25/2014	Date of Injury:	09/22/2010
Decision Date:	07/23/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 64-year-old female with a 9/22/10 date of injury, and status post L5-S1 fusion 7/27/11, right knee medial and lateral meniscectomy 12/22/11, and status post left knee medial and lateral meniscectomy 9/7/12. At the time (3/10/14) of request for authorization for Relafen 750 mg #90, Omeprazole 20 mg #60, and Tramadol ER 150 mg #30, there is documentation of subjective (neck stiffness, low back pain rated 4/10, right knee pain rated 5/10, and left knee pain rated 7/10) and objective (stiffness at terminal cervical range of motion, decreased and painful range of motion of the lumbar spine, decreased and painful bilateral knee range of motion) findings, current diagnoses (status post L5-S1 fusion 7/27/11, right knee medial and lateral meniscectomy 12/22/11, and status post left knee medial and lateral meniscectomy 9/7/12, bilateral knee osteoarthritis/degenerative joint disease), and treatment to date (home exercise program, activity modification, and medications (including Relafen, Tramadol and Omeprazole (since at least 10/13))). Regarding the requested Relafen 750 mg #90, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Relafen use to date. Regarding the requested Omeprazole 20 mg #60, there is no documentation of risk for gastrointestinal event. Regarding the requested Tramadol ER 150 mg #30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Tramadol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 fusion 7/27/11, right knee medial and lateral meniscectomy 12/2211, and status post left knee medial and lateral meniscectomy 9/7/12, bilateral knee osteoarthritis/degenerative joint disease. In addition, there is documentation of chronic low back pain. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Relafen use to date. Therefore, based on guidelines and a review of the evidence, the request for Relafen 750 mg #90 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 fusion 7/27/11, right knee medial and lateral meniscectomy 12/2211, and status post left knee medial and lateral meniscectomy 9/7/12, bilateral knee osteoarthritis/degenerative joint disease. However, there is no documentation of risk for gastrointestinal event. Therefore,

based on guidelines and a review of the evidence, the request for Omeprazole 20 mg #60 is not medically necessary.

Tramdol ER 150mg #30: 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): 74-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 fusion 7/27/11, right knee medial and lateral meniscectomy 12/22/11, and status post left knee medial and lateral meniscectomy 9/7/12, bilateral knee osteoarthritis/degenerative joint disease. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150 mg #30 is not medically necessary.