

Case Number:	CM14-0054561		
Date Assigned:	07/07/2014	Date of Injury:	05/14/2008
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/23/2014

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 Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old man who sustained a work related injury on May 14, 2008. He subsequently developed chronic low back and right knee pain. According to a progress note dated on March 5, 2014 evaluation, the patient's physical examination demonstrated an antalgic gait with arthrofibrosis of his knees. The patient has difficulties ambulating. Hi low back and right knee pain was rated 7/10. His examination was similar to the examination that was performed on January 10, 2014. As per June 11, 2014 progress report, the patient complained of right knee and lumbar spine pain rated 6/10. Examination revealed right knee pain with reduced range of motion. He has a history of depression. The patient was treated with benzodiazepines, selective serotonin reuptake inhibitors (SSRIs), and multiple opiates. Opioids had been prescribed since at least April 30, 2012, despite the fact that several UDS (urine drug screens) revealed that the patient was not regularly taking his narcotic medications. The provider requested authorization for famotidine and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 20mg, #30 with 2 refills: 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.

Decision rationale: According to MTUS guidelines, Famotidine is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient has a GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Famotidine 20mg, #30 with 2 refills prescription is not medically necessary.

Tramadol 50mg, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from previous use of narcotics. His pain score remained 7/10 despite the use of this narcotic. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol 50mg, #90 is not medically necessary.