

<b>Case Number:</b>	CM14-0055066		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 applicant has filed a claim for chronic knee pain and knee arthritis reportedly associated with an industrial injury of November 24, 2010. Thus far, the applicant has been treated with the following: analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; extensive periods of time off of work; and unspecified amounts of physical therapy to date. The claims administrator denied request for bilateral total knee arthroplasty, Omeprazole, and Tramadol, in a Utilization Review Report dated April 16, 2014. Portions of the Utilization Review Report were truncated; thus, the entire Utilization Review rationale was not provided. The applicant's attorney subsequently appealed. In an appeal letter dated April 22, 2014, the treating provider complained that Utilization Review had denied Omeprazole, Tramadol, and a bilateral total knee arthroplasty, noting that the applicant had failed injection therapy physical therapy, medications, and knee bracing. The attending provider stated that the applicant had evidence of radiographically confirmed knee arthritis. In an April 8, 2014 progress note, the applicant was described as having severe complaints of bilateral knee pain. The applicant had only reported short-term pain relief with Synvisc injections and corticosteroid injection. The applicant was complaining of severe, constant knee pain. The applicant exhibited well-healed scar about the left knee with positive medial joint line tenderness. Positive right knee medial joint line tenderness was also appreciated. The applicant was given diagnosis of degenerative joint disease of the bilateral knees. Authorization for a total knee arthroplasty, postoperative rehabilitation, Omeprazole, Diclofenac, and Tramadol were endorsed. A spine surgery consultation was also sought. The applicant was already permanent and stationary. It was stated that Omeprazole was being employed for gastroprotective purposes as opposed to actual symptoms of reflux. In a bilateral knee series dated April 15, 2014 was read as demonstrating mild osteoarthritis of the

patellofemoral joint with no significant arthropathy or arthritis about the right knee. The right knee series, thus, was essentially read as negative. In a progress note dated October 1, 2013, the applicant was placed off of work, on total disability. Persistent low back and knee pain were noted. The applicant stated that earlier Synvisc injections were unsuccessful. Tramadol and Voltaren were endorsed as of this point.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral total knee replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Version 3, Knee Chapter, Specific Diagnoses, Knee Pain and Osteoarthritis, Surgical Considerations for Knee.

**Decision rationale:** The request for bilateral knee replacement/knee arthroplasty is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Knee Chapter, knee arthroplasty is strongly recommended for severe arthritis. ACOEM notes that a knee arthroplasty is recommended in applicants who have severe knee degenerative joint disease, which is unresponsive to nonoperative treatment with sufficient symptoms in functional limitations, who have failed to respond favorably to time, medications, physical therapy, NSAIDs, corticosteroid injection therapy, and/or viscosupplementation therapy. In this case, however, the applicant does not have evidence of radiographically severe knee arthritis. The applicant had an essentially normal right knee series of April 15, 2014, it was reported. The left knee series demonstrated only mild patellofemoral arthritis. Thus, the applicant does not appear to carry a diagnosis of severe knee arthritis, which would warrant either a left or total knee arthroplasty. Accordingly, the request is not medically necessary.

**Omeprazole 20mg Quantity: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Omeprazole, a proton pump inhibitor is not medically necessary, medically appropriate, or indicated here. The attending provider indicated that Omeprazole was being endorsed for gastroprotective purposes. However, the applicant does not seemingly meet criteria set forth on page 68 of the MTUS Chronic Medical Treatment Guidelines for prophylactic provision of omeprazole, a proton pump inhibitor. Specifically, the applicant is less than 65 years of age (age 52). The applicant is only using one NSAID,

Diclofenac. The applicant is not using NSAIDs in conjunction with corticosteroids. The applicant does not have any personal history of peptic ulcer disease, gastric bleeding, etc. which would warrant prophylactic provision of proton pump inhibitors. Therefore, the request for Omeprazole is not medically necessary.

**Tramadol ER 150mg Quantity: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for Tramadol, a synthetic opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off of work. The applicant was on total temporarily disability for large portions of the claim. The applicant has failed to return to work with permanent limitations in place. The attending provider has failed to recount any decrements in pain or improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request for Tramadol is not medically necessary.