

Case Number:	CM14-0064410		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2007
Decision Date:	08/27/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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 Nevada. 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 records presented for review indicate that this 46-year-old male was reportedly injured on September 27, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 24, 2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated an antalgic gait. There were spasms and tenderness over the paravertebral muscles of the cervical and lumbar spine. There was pain with flexion and extension of the right knee as well as medial and joint line tenderness. Patellar crepitus was also noted. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left knee total knee arthroplasty and cognitive behavioral therapy. A request had been made for Tramadol, Omeprazole, and Terocin patches, and was not certified in the pre-authorization process on May 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 Mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

Decision rationale: MTUS Treatment Guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line options, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given the clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not medically necessary.

Omeprazole 20 Mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured worker does not have a significant risk factor for potential gastrointestinal complications as outlined by the MTUS Guidelines. Therefore, this request is not medically necessary.

Terocin Patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Terocin patches are a compound of Methyl Aalicylate, Capsaicin, Menthol, and Lidocaine. According to the Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason the request is not medically necessary.