

<b>Case Number:</b>	CM14-0065051		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 injured worker is a 54 year-old male who was reportedly injured on 3/10/2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 3/10/2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated left knee: mild patellar swelling. The Patellar Compression test is positive. There is positive tenderness over the body and posterior horn of the medial meniscus. There is also mild tenderness over the lateral joint space. The Valgus stress test is mildly positive. Diagnostic imaging studies include a magnetic resonance image of the arthrogram of the left knee from 10/30/2013, which reveals degenerative changes of the left knee. Posterior horn of the left medial meniscus may be consistent with meniscal tear versus previous postsurgical change, correlation with any of previous surgeries recommended. Previous treatment includes previous surgery, physical therapy and medications. A request was made for Omeprazole 20mg, #30, and Tramadol 50mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 With 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI (Proton pump inhibitor ). Decision based on Non-MTUS Citation Official disability 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. An unspecified GI disorder was not documented in the history of present illness or physical exam or as a diagnosis for this claimant. Therefore, Omeprazole 20mg #30 is not medically necessary.

**Tramadol 50mg #60 With 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, Tramadol 50mg #60 is not medically necessary.