

Case Number:	CM14-0065074		
Date Assigned:	07/11/2014	Date of Injury:	10/29/2008
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
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 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 injured worker is a 46-year-old male with a reported date of injury on 10/29/2008. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include left knee replacement, status post left knee arthroscopy, herniated disc to the lumbar spine, lumbar radiculopathy, and left small toe pain. His previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 03/21/2014 revealed the injured worker was 1 week status post total knee replacement surgery and reported that the shooting pain down his left leg was gone and he was in a wheelchair and used a walker. The physical examination revealed a left hand small finger contracted and the neurovascular status was intact. There was positive swelling at the small finger joint and he was unable to extend past 45 degrees. The left small toe had positive tenderness over the left small toe. The physical examination of the lumbar/thoracic spine noted an antalgic gait, there was negative tenderness in the paralumbar musculature, and motor strength was rated 5/5. The deep tendon reflexes were equal bilaterally and the range of motion was diminished. The examination of the left hip revealed positive tenderness over the greater trochanteric bursa and a decreased range of motion. The physical examination of the left knee noted the wounds were clean and dry, the range of motion was diminished, and neurovascular status was intact. The Request for Authorization form was not submitted within the medical records. The request was for diclofenac XR 100 mg #30 retroactive for the date of service of 03/21/2014 for anti-inflammatory, tramadol ER 150 mg #30 retroactive for the date of service 03/21/2014 for chronic pain relief, and omeprazole 20 mg #30 to reduce NSAID gastritis prophylactically. The injured worker indicated the medications were giving him functional improvement and pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #30 retroactive for date of service 03/21/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for diclofenac XR 100 mg #30 retroactive for date of service 03/21/2014 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The documentation provided indicated the medications helped with improved functional status and pain relief. The Guidelines recommend short term use for NSAIDs and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Tramadol ER 150mg #30 Retroactive for date of service 03/21/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for tramadol ER 150 mg #30 retroactive for date of service 03/21/2014 is not medically necessary. The injured worker has been taking opioids for 4 years. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated the medication helped with his pain relief and improved his functional status. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of pain relief and increased function, the lack of documentation regarding side effects and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Omeprazole 20mg #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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014 for prophylactic gastritis. The California Chronic Pain Medical Treatment Guidelines recommend physicians to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years; history of peptic ulcer; gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is a lack of documentation regarding gastritis to warrant omeprazole prophylactically and the previous request for an NSAID was not medically necessary. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.