

Case Number:	CM14-0086110		
Date Assigned:	07/23/2014	Date of Injury:	06/10/2013
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/09/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 43-year-old male who reported an injury on 06/10/2013 after he stepped on a stump which reportedly caused a twisting injury to his right knee. The injured worker's treatment history included right knee surgical intervention in 07/2013. The injured worker was evaluated on 05/14/2014. Physical findings included 1+ effusion with medial joint line tenderness and slight crepitus throughout the range of motion of the right knee. It was also noted that the injured worker had slight patellofemoral compression pain. The injured worker's diagnoses included status post right knee arthroscopic surgery, persistent right knee internal derangement, and compensatory injury to the left knee. The injured worker's treatment plan included Orthovisc injections, naproxen 550 mg as the patient had failed to respond to first line non-steroidal anti-inflammatory drugs, orphenadrine to assist with reducing pain and muscle tension and increase mobility, pantoprazole due to an intermediate risk level of gastrointestinal events with no cardiovascular issues, and tramadol to assist with managing chronic pain. The injured worker underwent a urine drug screen on 05/15/2014 that was negative for all medications. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Orphenadrine 100 MG # 60 dispensed on 05/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested orphenadrine 100 mg #60 for date of service 05/15/2014 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has muscle tension and acute pain that would benefit from a short course of treatment of muscle relaxants. However, the requested quantity of 60 exceeds the guideline recommendations of a short course of treatment of 2 to 3 weeks. The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested orphenadrine 100 mg #60 for date of service 05/15/2014 is not medically necessary or appropriate.

Retrospective request for Pantoprazole 20 MG # 90 dispensed on 05/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested pantoprazole 20 mg #90 for date of service 05/15/2014 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker was prescribed naproxen sodium. However, it was noted that the injured worker has no history of ulcer, hemoptysis, or hematochesia. As the injured worker does not appear to be at risk for developing gastrointestinal disturbances related to medication usage, the prescription of this medication is not supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested pantoprazole 20 mg #90 for date of service 05/15/2014 is not medically necessary or appropriate.

Retrospective request for Tramadol ER 150 MG # 30 dispensed on 05/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The requested tramadol extended release 150 mg #30 for date of service 05/15/2014 is not medically necessary or appropriate. The California Medical Treatment

Utilization Schedule recommends the use of opioids in the management of chronic pain after the patient has failed first line medications to include non-steroidal anti-inflammatory drugs, anticonvulsants, and antidepressants. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed all first line medications and requires opioid medication for chronic pain. Therefore, the use of this medication is not supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested tramadol extended release 150 mg #30 for date of service 05/15/2014 is not medically necessary or appropriate.