

Case Number:	CM14-0174366		
Date Assigned:	10/24/2014	Date of Injury:	05/28/2013
Decision Date:	03/16/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported an injury on 05/28/2013. The mechanism of injury was not stated. The current diagnosis is internal derangement of the knee. The injured worker presented, on 09/02/2014, with complaints of constant pain in the bilateral knees, aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks and prolonged standing. The injured worker also reported swelling and buckling. Upon examination, there was tenderness at the joint line, positive patellar grind test, negative anterior drawer test, positive McMurray's sign, crepitus with painful range of motion, negative instability, and normal quadriceps and hamstring strength. Recommendations at that time included continuation of the current medication regimen. It was noted that the injured worker was scheduled for a right total knee arthroplasty. A Request for Authorization form was then submitted on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: 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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Ondansetron 8mg #30x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Anti Emetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Ondansetron, Antiemetic

Decision rationale: The Official Disability Guidelines do not recommended ondansetron for nausea and vomiting secondary to chronic opioid use. It has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Given the above, the injured worker does not meet criteria for the requested medication. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate.

Hydrocodone Bit/Acetaminophen 10/325mg #60: 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): 74-82.

Decision rationale: California MTUS Guidelines state, a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There is no documentation of a failure of nonopioid analgesics. It is unclear how long the injured worker has utilized hydrocodone 10/325 mg. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no documentation of a written pain consent or agreement for chronic use of an opioid. There is no frequency listed in the request. Given the above, the request is not medically appropriate.