

Case Number:	CM14-0208747		
Date Assigned:	12/22/2014	Date of Injury:	09/06/2012
Decision Date:	02/18/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, bilateral knee pain, myofascial pain syndrome, and ankle pain reportedly associated with an industrial injury of September 6, 2013. In a Utilization Review Report dated November 12, 2014, the claims administrator partially approved a one-month supply of naproxen, partially approved 60 tablets of tramadol, and partially approved a one-month supply of omeprazole. The claims administrator referenced a progress note and associated RFA form of October 20, 2014 in its determination. The applicant's attorney subsequently appealed. On November 24, 2014, the applicant reported persistent complaints of bilateral knee pain. The applicant was reportedly pending a knee arthroscopy. The applicant was asked to continue naproxen and omeprazole. Knee arthroscopy and epidural steroid injection therapy were sought. The applicant's work status was not clearly stated. There was no explicit discussion of medication efficacy. In a separate note dated November 20, 2014, the applicant was placed off of work, on total temporary disability. The note, as with the preceding note, was sparse, handwritten, difficult to follow, not entirely legible, and employed preprinted checkboxes. Little-to-no narrative commentary was provided. A right knee arthroscopy procedure and lumbar epidural steroid injection therapy were sought, along with extracorporeal shock wave therapy for the lumbar spine. Unspecified medications were refilled. In another handwritten note dated October 20, 2014, the applicant was asked to continue naproxen, tramadol, and omeprazole for ongoing complaints of low back and bilateral knee pain. Once, again, there was no discussion of medication efficacy on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of naproxen. The fact that epidural steroid injection therapy and a knee arthroscopy are being sought further suggests that ongoing usage of naproxen has not proven altogether successful in terms of the functional improvement parameters established in MTUS 9792.20f. The handwritten progress notes provided contained little-to-no discussion of medication efficacy. Therefore, the request was not medically necessary.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. The handwritten progress notes, referenced above, did not outline any quantifiable decrements in pain or material improvements in function achieved as result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the handwritten progress note, referenced above, contained no mention or discussion of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.