

Case Number:	CM14-0063375		
Date Assigned:	07/11/2014	Date of Injury:	02/21/2013
Decision Date:	12/28/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/06/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 58 year old male, who sustained an industrial injury on 2-21-13. He reported right knee pain. The injured worker was diagnosed as having right knee internal derangement and right knee sprain. Treatment to date included physical therapy, a Cortisone injection, and medication including Anaprox DS, Prilosec, Ultram ER, and Hydrocodone-Acetaminophen. Physical examination findings on 2-2-14 included weakness, antalgic gait, crepitus, a positive McMurray's sign, and decreased range of motion. On 1-21-14, pain was rated as 4 of 10 with rest and 7 of 10 with activities. The injured worker had been taking Tramadol, Omeprazole, and Naproxen since at least December 2013 and Hydrocodone since at least January 2014. On 1-28-14, the injured worker complained of knee pain. The treating physician requested authorization for retrospective Hydrocodone-APAP 2.5-325mg #90, Tramadol 150mg #60, Naproxen Sodium 550mg #60, and Omeprazole 20mg #60 all for the date of service 2-20-14. On 5-2-14 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Hydrocodone/APAP 2.5/325mg #90 (DOS: 02/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 states that opioids used to treat chronic non-cancer pain should provide functional improvement. The patient is considered totally disabled by the treating physician. The ongoing use of hydrocodone and acetaminophen does not adhere to MTUS 2009 evidence-based guidelines since the medical records do not demonstrate any clinically meaningful functional improvement. Therefore, hydrocodone and acetaminophen is not medically necessary.

RETRO: Tramadol 150mg #60 (DOS: 02/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 states that opioid used to treat chronic non-cancer pain should provide functional improvement. The patient continues to be considered totally disabled by his treating physician for over one year while receiving opioid maintenance treatment. Opioids have not shown to provide any functional improvement in the care of this patient. The ongoing use of opioids does not adhere to them to MTUS 2009 and therefore tramadol is not medically necessary in the care of this patient. Its ongoing use is not consistent with the evidence-based guidelines and there is no demonstrable functional improvement attributable to its use. The request is not medically necessary.

RETRO: Naproxen Sodium 550mg #60 (DOS: 02/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS 2009 states that non-steroidal anti-inflammatory drugs should be used for the shortest duration and lowest dose to treat osteoarthritis. Sustained use of non-steroidal anti-inflammatory drugs can result in kidney liver and heart damage. The ongoing use of naproxen does not adhere to MTUS 2009 in this case. The patient continues to be considered

totally disabled for over a year while using the non-steroidal anti-inflammatory drugs There is no obvious clinical benefit from its use and potential harm from the sustained use of non steroidal anti-inflammatory drugs. Therefore, the ongoing use of naproxen is not medically necessary in the care of this patient. The request is not medically necessary.

RETRO: Omeprazole 20mg #60 (DOS: 02/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS 2009 states that proton pump inhibitors such as omeprazole are an option to use along with non-steroidal anti-inflammatory drugs in individuals with an intermediate risk of gastrointestinal events. This patient does not have an intermediate risk of gastrointestinal events. The medical records do not document any episodes of gastritis or intolerance to the non-steroidal anti-inflammatory drugs. The use of omeprazole is not medically necessary in the care of this patient. The medical records do not document the diagnosis of gastroesophageal reflux disease for which it would be indicated. The request is not medically necessary.