

Case Number:	CM15-0001012		
Date Assigned:	01/12/2015	Date of Injury:	04/20/2014
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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: 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 injured worker is a 46 year old female, who sustained a work related injury on 4/20/14. The diagnoses have included symptomatic chondromalacia with chondral loose bodies, severe tricompartmental arthritis left knee. Treatments to date have included physical therapy, MRI left knee, and home exercise program. In the PR-2 dated 10/1/14, the injured worker complains of persistent, moderate left knee pain with swelling and "catching." She states that activity with movement of knee increases her pain. On 12/16/14, Utilization Review non-certified a prescription request for Prilosec 20mg. 1 tab a day for 30 days, #30, Tramadol 50 mg. #60 and Ibuprofen 600mg. twice a day for 30 days, #60. The rationale for noncertification was that the requested surgery was not certified and these were not then necessary. These meds were being recommended before surgery as part of conservative care. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines do not recommend the routine use of PPIs (Prilosec) unless there are specific risk factors or symptoms present. The qualifying conditions are not present per review of the medical narratives. These are not benign medications as long term use is associated with increased fracture risk, vitamin malabsorption and biological mineral dysregulation. Under these circumstances, the prophylactic use Prilosec 20mg #30 is not Guideline supported and is not medically necessary.

Tramadol 50mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific criteria to justify the long term use of opioid medications. These include specific documentation of how an opioid medication is used, quantification of how much pain relief, how long the pain relief lasts and functional improvements as a result of use. None of Guideline standards have been met. Under these circumstances the Tramadol 50mg #60 is not supported by Guidelines and is not medically necessary.

Ibuprofen 600mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

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

Decision rationale: MTUS Guidelines support the use of NSAIDs for large joint inflammatory conditions. It is clearly documented that this individual has a qualifying condition with chondral loose bodies and advanced tricompartmental arthritis. Guidelines support the use of Ibuprofen 600mg. #60, it is medically necessary.