

<b>Case Number:</b>	CM15-0002883		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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, 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 57-year-old male who reported an injury on 07/25/2013 due to an unspecified mechanism of injury. On 12/07/2014, he presented for a followup evaluation regarding his knee pain. He rated his pain at a 2/10 and noted the left to be worse than the right knee. At the time he was diagnosed with a knee injury and status post knee replacement. He was dispensed diclofenac sodium ER 100 mg #60, omeprazole 20 mg #60, and tramadol 50 mg #90. On 01/07/2015, he presented for a followup evaluation. He continued to complain of pain in the knee, left worse than the right, rated at a 7/10. He has noted his pain to be an 8/10 on the left when flexed. He stated that his medications were sufficient and helpful with pain reduction and a slight increase in activities of daily living. A physical examination showed an antalgic gait. He was diagnosed with a knee injury and status post knee replacement. The treatment plan was for an MRI of the left and right knee, and medical necessity was being requested regarding the medications dispensed on 12/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER 100mg #60, dispensed on 12/07/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68..

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDs are recommended for the short term treatment of low back pain and osteoarthritis or tendinitis. Based on the documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral knees. However, there was a lack of documentation regarding his response to this medication in terms of a quantitative decrease in pain or an objective improvement in function to support its continuation. Also, it is unclear how long the injured worker has been using this medication, and without this information, continuing would not be supported as it is only recommended for short term treatment. Therefore, the request is not supported. As such, the request is not medically necessary.

**Omeprazole 20mg #60, dispensed on 12/07/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/GI risks Page(s): 67-69..

**Decision rationale:** According to the California MTUS proton pump inhibitors such as omeprazole are recommended for the treatment of dyspepsia secondary to NSAID use or for those at high risk for gastrointestinal events due to NSAID therapy. The documentation provided did not indicate that the injured worker was at a high risk for gastrointestinal events due to NSAID therapy or have reported dyspepsia. Therefore, the requested medication would not be supported. As such, the request is not medically necessary.

**Tramadol 50mg #90, as prescribed on 12/07/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, Weaning of Medications Page(s): 76-80, 93-94, 1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status appropriate medication use and side effects should be performed during opioid therapy. The documentation provided does indicate that the injured worker was getting relief with his medications. However, there is a lack of documentation showing a quantitative decrease in pain or an objective improvement in function to support the request for continuing this medication. Also, no official urine drug screens or CURES reports

were provided for review to validate compliance. Therefore, the request is not supported. As such, the request is not medically necessary.

**MRI of the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343..

**Decision rationale:** According to the California ACOEM Guidelines, special studies are not needed until after a period of conservative treatment and observation fails to improve symptoms. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral knees. However, there is a lack of documentation showing that he has tried and failed recommended conservative therapy such as physical therapy to support the request. Also, a physical examination was not performed to show significant functional deficits of either knee. Therefore, the request is not supported. As such, the request is not medically necessary.

**MRI of the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343..

**Decision rationale:** According to the California ACOEM Guidelines, special studies are not needed until after a period of conservative treatment and observation fails to improve symptoms. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral knees. However, there is a lack of documentation showing that he has tried and failed recommended conservative therapy such as physical therapy to support the request. Also, a physical examination was not performed to show significant functional deficits of either knee. Therefore, the request is not supported. As such, the request is not medically necessary.