

Case Number:	CM15-0005225		
Date Assigned:	01/16/2015	Date of Injury:	02/01/2011
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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: 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 65 year old male, who sustained an industrial back injury on 2/1/11 when he lifted a heavy object. He has reported right knee and low back pain. The diagnoses have included discopathy, severe bilateral knee arthropathy, and status post right total knee arthroplasty 3/26/12. Treatment to date has included medications, diagnostics and surgery. Currently, as per the primary treating physician's PR2 dated 8/27/14, the IW complains of continued right knee pain and low back pain and stiffness with heavy lifting and bending with an incident of radiation of pain into the legs after heavy lifting. He also complains of right knee stiffness with prolonged sitting and decreased range of motion. The physical exam revealed the IW can walk with equal agility on the toes and heels and does a deep knee bend about 50 percent of the way with provocation of low back pain. There is hypermobility on the right side knee, plica noted, and swelling of the right knee. The past surgical history included right knee surgery in 2012 and left ankle surgery after a fall with fracture. He is not working and has no new injuries. On 12/11/14 Utilization Review non-certified a request for Retro Naproxen 550mg #60, noting the guidelines has not been met. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are recommended for short term use. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 12/11/14 Utilization Review non-certified a request for Omeprazole 20mg #60, noting the guidelines only support use of Prilosec with Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) induced dyspepsia or other conditions such as ulcer, or use of anticoagulation. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 12/11/14 Utilization Review non-certified a request for Tramadol/ACET 37.5/325 #60, noting

there is no documented maintained increase in function or decrease in pain with the use of this medication, thus continued use would not be indicated. The (MTUS) Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk /MEDICATION FOR CHRONIC PAIN Page(s): 68-69,60-61.

Decision rationale: The patient presents with pain in his lower back and both of his knees. The request is for RETRO NAPROXEN 550MG #60. The patient is currently taking Glucosamin, Vitamins, Calcium, Naproxen, Tramadol and Omeprazole. The patient is currently not working. MTUS guidelines page 67 and 68 recommend NSAIDs --non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, there are no reports that specifically discuss this request. The one report provided by the treater contains no indication of how long the patient has been on Naproxen or how Naproxen has been helpful in terms of decreased pain or functional improvement. None of the reports included in this file discuss medication efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Omeprazole 20mg #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain in his lower back and both of his knees. The request is for OMEPRAZOLE 20MG #60. The review of the reports does not indicate how long the patient has been utilizing this medication. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID, e.g., NSAID + low-dose ASA. In this case, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request IS NOT medically necessary.

Tramadol/ACET 37.5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,76-78.

Decision rationale: The patient presents with pain in his lower back and both of his knees. The request is for TRAMADOL/ ACET 37.5/325 #60. The one report provided by the treater indicates that Tramadol is dispensed. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's "analgesia, ADLs, adverse side effects, and adverse behavior", as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.