

Case Number:	CM15-0102031		
Date Assigned:	06/04/2015	Date of Injury:	01/07/2009
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency 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 53 year old male, who sustained an industrial injury on 1/7/09. He reported pain in the left knee after going up and down about 60 stairs. The injured worker was diagnosed as having internal derangement of the left knee and right knee sprain. Treatment to date has included a TENs unit, left knee surgery x 2, physical therapy and oral medications. On 3/28/12, the injured worker reported pain in the right knee due to compensation; he was wearing a left knee brace. Current medications include Tramadol ER (since at least 12/12/13), Norco, Naproxen, LidoPro and Aciphex. The injured worker had been on Protonix but it has been denied. Urine drug screen 5/4/15 is positive for Hydrocodone and opioids. As of the PR2 dated 4/29/15, the injured worker reports continued pain in the knees. He has ongoing pain limitations with ramps, inclines and hills. Objective findings include knee extension 180 degrees and flexion 120 degrees, tenderness along the knee and weakness to resisted function. The injured worker received a right knee injection at the visit. The treating physician requested a hinged right knee orthosis, Aciphex 20mg #30 and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Hinged Right Knee Orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As per ACOEM guidelines, knee braces may have utility in situations where there is knee instability although it appears mostly psychological and is only recommended during situations of load to the knees such as climbing ladders or carrying heavy loads. The primary treating physician has not documented a knee exam consistent with knee instability. Patient is not working and is not performing any work or duties that require climbing or carrying heavy loads. Knee brace is not medically necessary.

1 prescription for Aciphex 20mg #30: 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): 68-69.

Decision rationale: Aciphex/Rabeprazole is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on an NSAID. Provider has failed to document any dyspepsia complaints. Patient is not high risk for GI bleeding. Patient does not meet any criteria for PPI and therefore Aciphex is not medically necessary.

1 prescription for Tramadol ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Tramadol/Tramadol is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. There are significant issues with provider's documentation. Patient has been universally denied any opioid prescription by Utilization Review for approximately 1 year. However, it appears that patient has continued to be on opioid therapy by the provider. Urine Drug Screen on 5/7/15 notes that patient continues to be on Norco and hydromorphone. Despite being on continued opioid therapy, the provider has universally failed to document any pain scale assessment, any objective improvement in pain or function or any screening for abuse or side effects in any recent notes. There is no rationale as to why this patient requires addition of Tramadol on top of other opioids. Lack of any objective improvement, contradictory and poor documentation fails to justify prescription for Tramadol. The request is not medically necessary.