

Case Number:	CM15-0103477		
Date Assigned:	06/08/2015	Date of Injury:	12/18/2012
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic knee pain reportedly associated with cumulative trauma at work between the dates of January 12, 2011 through December 18, 2012. In a Utilization Review report dated May 13, 2015, the claims administrator partially approved a request for tramadol while denying a request for omeprazole outright. The claims administrator referenced a RFA form received on May 5, 2015 and associated progress note of April 29, 2015 in its determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of knee and wrist pain status post earlier knee arthroscopy on February 27, 2015. The applicant was using Norco, tramadol, Mobic, and Prilosec, it was reported. The attending provider stated that the Prilosec was being employed for GI symptoms caused to medications. 4/10 pain with medications versus 8/10 without medications was reported. The attending provider stated that applicant's ability to stand and walk had been ameliorated as a result of ongoing medication consumption, but did not elaborate further. The applicant was placed off of work, on total temporary disability. On April 29, 2015, the applicant reported ongoing complaints of chronic knee pain status post earlier knee surgery on February 27, 2015. The applicant reported pain-induced insomnia. The applicant was using omeprazole to combat issues with dyspepsia induced by Norco, it was reported. The applicant apparently ceased using Mobic on the grounds that it caused GI discomfort. 8/10 pain without medications versus 4/10 with medications was reported. The applicant stated that his ability to stand and walk had been ameliorated as a result of ongoing medication consumption. The attending provider did not, however, elaborate further.

The applicant was placed off of work, on total temporary disability. Norco was discontinued. Tramadol was apparently resumed. Elavil was introduced on a trial basis. The applicant was apparently kept off of work. The applicant was apparently using Tramadol on an earlier note of March 19, 2015, it was suggested in portions of that note. On May 16, 2015, the applicant was again placed off of work, on total temporary disability, following earlier failed knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the dates in question, May 16, 2015 and April 29, 2015. While the attending provider did report on April 29, 2015 that the applicant's pain scores had been reduced from 8/10 without medications to 4/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and attending provider's failure to outline meaningful or material improvements in function effected as a result of ongoing tramadol usage. The attending provider commented to the effect that the applicant's ability to stand and walk had been improved as a result of ongoing medication consumption was not quantified and did not, furthermore, constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Conversely, the request for omeprazole (Prilosec), a proton pump inhibitor, was medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, a proton pump inhibitor such as omeprazole (Prilosec) are indicated to combat issues with NSAID-induced dyspepsia. Here, the applicant was described as having issues with both NSAID-induced dyspepsia and/or stand-alone gastroesophageal reflux disease. Usage of omeprazole (Prilosec) was, thus, indicated to combat the same, particularly in light of the fact that the attending provider did report on April 29, 2015, that the applicant's said dyspepsia had, to some extent, become attenuated with ongoing Prilosec (omeprazole) usage. Therefore, request was medically necessary.