

Case Number:	CM15-0133330		
Date Assigned:	07/21/2015	Date of Injury:	06/22/2011
Decision Date:	08/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male, who sustained an industrial injury on June 22, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having internal derangement of the right knee status post meniscectomy with internal derangement of the right knee status post meniscectomy medially and lateral and chronic pain syndrome. Treatment to date has included brace, medications, surgery and injections. On July 7, 2015, the injured worker was wearing his hinged knee brace. He stated that without the brace, he notices quite a bit more pain. The brace also helps him with instability and prevents him from falling. The treatment plan included medication and a follow-up visit. On June 15, 2015, Utilization Review non-certified the request for Protonix 20 mg #60 and Tramadol ER 150 mg #30, citing California MTUS Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p 67-70 Page(s): 67-70.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for right knee pain. When seen, he was having frequent pain and difficulty sleeping. There was knee joint tenderness with positive McMurray's testing and slightly decreased strength. Medications were refilled. Naproxen and tramadol ER were prescribed. Protonix was prescribed for stomach upset. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain. The claimant has a history of gastrointestinal upset and is nearly 65 years old. He would be considered at intermediate risk for a GI event. For a patient at intermediate risk, guideline recommendations include a nonselective non-steroidal anti-inflammatory medication such as Naproxen, which is currently being prescribed, with a proton pump inhibitor such as Protonix (pantoprazole). The request was medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for right knee pain. When seen, he was having frequent pain and difficulty sleeping. There was knee joint tenderness with positive McMurray's testing and slightly decreased strength. Medications were refilled. Naproxen and tramadol ER were prescribed. Protonix was prescribed for stomach upset. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.