

Case Number:	CM15-0135301		
Date Assigned:	07/23/2015	Date of Injury:	02/23/2001
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 36 year old male who sustained an industrial injury on 02/23/2001. The mechanism of injury and initial report of injury are not found in the records reviewed. Treatment to date has included a transcutaneous electrical nerve stimulation (TENS) unit, unspecified activities, and medication. Currently, the injured worker complains of intermittent knee pain in the left knee with popping and clicking. He takes medications to be functional. His current diagnoses include: Internal derangement of the left knee. Internal derangement of the right knee. Issues with sleep. Issues with stress. Issues with depression. The worker has tenderness in the left knee along the inner and outer patella. He has full extension and flexion at 120 degrees. The treatment plan is for continuation of medications, and instruction to avoid bending, stairs, hills, inclines, squatting, forceful pushing, pulling and lifting. There is no specification of pain relief parameters. A request for authorization was made for the following:
 1. Remeron 15 mg Qty 30. 2. Naproxen 550 mg Qty 60. 3. Norco 10/325 mg Qty 120. 4. Tramadol ER (extended release) 150 mg Qty 30. 5. Protonix 20 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for s several months in combination with NSAIDs and Tramadol. There was no mention of Tylenol or weaning failure. Pain scores were not routinely noted. The continued use of Norco is not medically necessary.

Tramadol ER (extended release) 150 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. The claimant had been on Tramadol along with Norco and NSAIDS. There was no indication for using both medications and pain scores were not routinely noted. Continued use of Tramadol is not medically necessary.

Protonix 20 mg Qty 60: Upheld

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: Pain - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI
Page(s): 67.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The progress note on 4/20/15 indicated the claimant has no GI events requiring Protonix. Therefore, the continued use of Protonix is not medically necessary.