

Case Number:	CM15-0138520		
Date Assigned:	07/29/2015	Date of Injury:	02/20/2015
Decision Date:	09/22/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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 43 year old male, who sustained an industrial injury on 2/20/15. The injured worker was diagnosed as having internal derangement of left knee. Treatment to date has included physical therapy, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of left knee performed on 6/4/15 revealed complex tears of the medial meniscus with large longitudinal component extending from the central segment posterior root, posterior horn and body extending to the peripheral margin of the anterior horn, along with horizontal oblique or horizontal cleavage tear component involving anterior horn and body. Currently on 6/15/15, the injured worker complains of continued popping and snapping, moderate swelling of left knee. Physical exam performed on 6/15/15 revealed restricted range of motion of left knee. The treatment plan included physical therapy, Naproxen 550mg #90, Ultram 150mg #60 and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68, 71, and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen/Naprosyn is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on naproxen chronically with no documentation of any benefit. Chronic use of naprosyn is not recommended due significant long-term side effects such as increased cardiovascular events. Naprosyn is not medically necessary.

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Pantoprazole is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is chronically on Naproxen which is not recommended in this review. There are no dyspepsia complaints. Patient has no risk factors for increased risk for peptic ulcer disease of gastric bleeding. Pantoprazole is also considered a 2nd line PPI. It is unclear why a 1st PPI is not being prescribed. Pantoprazole is not medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-78.

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

Decision rationale: 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. Documentation does not meet the appropriate documentation for all criteria. Patient has no improvement in pain or function and has documented worsening symptom as per progress notes. Tramadol is not medically necessary.