

Case Number:	CM15-0149352		
Date Assigned:	08/06/2015	Date of Injury:	08/30/2012
Decision Date:	09/23/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

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: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 8-30-2012. Diagnoses were not documented. Treatment to date was not documented. According to the internal medicine pre-operative evaluation dated 3-26-2015, the injured worker was scheduled for right knee arthroscopy on 4-8-2015. Review of systems revealed a history of acid reflux. The injured worker was noted to be medically stable. She was temporarily totally disabled. Authorization was requested for Prilosec, Ultram, Motrin and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Based on the 03/26/15 internal medicine pre-operative evaluation report provided by treating physician, the patient is scheduled for right knee arthroscopy on 04/08/15. The request is for PRILOSEC 20 MG QTY 60. Patient's diagnosis is not provided. Reviewing physician indicates the patient is medically stable and has no cardiopulmonary contraindication to scheduled knee surgery. Patient's medications include Metfomin, Glipizide, Atorvastatin, Ivokana, Pioglitazone, Ultram, Soma, Motrin and Prilosec. The patient is temporarily totally disabled. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). 'Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI.'" Progress report with the request, nor RFA were provided. Based on review of systems per sole report dated 03/26/15, the patient has a history of acid reflux and Motrin is included in patient's medications. Prophylactic use of PPI is indicated by MTUS. Given patient's knee condition requiring surgical intervention, and the patient being on NSAID's therapy, the continued use of PPI appears reasonable. Therefore, this request IS/WAS medically necessary.

Ultram 50 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88, 89.

Decision rationale: Based on the 03/26/15 internal medicine pre-operative evaluation report provided by treating physician, the patient is scheduled for right knee arthroscopy on 04/08/15. The request is for ULTRAM 50 MG QTY 90. Patient's diagnosis is not provided. Reviewing physician indicates the patient is medically stable and has no cardiopulmonary contraindication to scheduled knee surgery. Patient's medications include Metfomin, Glipizide, Atorvastatin, Ivokana, Pioglitazone, Ultram, Soma, Motrin and Prilosec. The patient is temporarily totally disabled. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. For acetaminophen, MTUS guidelines on pages 11 and 12 state that "Both acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain. There is insufficient evidence to recommend one medication over the other." The guidelines also point out that "Further research on this topic has been suggested. It appears that part of the reason that acetaminophen was recommended as a first-line treatment over NSAIDs in most guidelines, in part, was that acetaminophen appeared to have less adverse effects. (Roelofs-Cochrane, 2008)." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol

(Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Progress report with the request, nor RFA were provided. It is not known when Ultram was initiated. The only medical report provided is a preoperative evaluation indicating authorization for right knee arthroscopy. Given the patient's knee condition requiring surgical intervention, the request for Ultram to cover for the patient's post-operative knee pain appears reasonable. Therefore, the request IS/WAS medically necessary.

Motrin 800 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Based on the 03/26/15 internal medicine pre-operative evaluation report provided by treating physician, the patient is scheduled for right knee arthroscopy on 04/08/15. The request is for MOTRIN 800 MG QTY 60. Patient's diagnosis is not provided. Reviewing physician indicates the patient is medically stable and has no cardiopulmonary contraindication to scheduled knee surgery. Patient's medications include Metfomin, Glipizide, Atorvastatin, Ivokana, Pioglitazone, Ultram, Soma, Motrin and Prilosec. The patient is temporarily totally disabled. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Progress report with the request, nor RFA were provided. It is not known when Ultram was initiated. The only medical report provided is a preoperative evaluation indicating authorization for right knee arthroscopy. Given the patient's knee condition requiring surgical intervention, the request for Motrin to cover for the patient's post-operative knee pain appears reasonable. Therefore, the request IS/WAS medically necessary.

Soma 350 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Based on the 03/26/15 internal medicine pre-operative evaluation report provided by treating physician, the patient is scheduled for right knee arthroscopy on 04/08/15. The request is for SOMA 350 MG QTY 60. Patient's diagnosis is not provided. Reviewing physician indicates the patient is medically stable and has no cardiopulmonary contraindication to scheduled knee surgery. Patient's medications include Metfomin, Glipizide, Atorvastatin, Ivokana, Pioglitazone, Ultram, Soma, Motrin and Prilosec. The patient is temporarily very disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available):

Recommended for a short course of therapy.” MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: “Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period.” Abuse has been noted for sedative and relaxant effects. Progress report with the neither request, nor RFA was provided. It is not known when Ultram was initiated. The only medical report provided is a preoperative evaluation indicating authorization for right knee arthroscopy. In this case, the patient presents with a knee condition requiring surgical intervention. However, MTUS recommends Soma, only for a short period (no more than 2-3 weeks). The request for additional Soma #60 does not indicate intended short-term use of this medication. Therefore, the request IS/WAS NOT medically necessary.