

<b>Case Number:</b>	CM15-0160064		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Florida, 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 injured worker is a 44 year old male, who sustained an industrial injury on March 3, 2014. The injured worker was diagnosed as having medial meniscus tear of knee osteoarthritis and partial meniscectomy unspecified lower leg. Treatment to date has included left knee surgery, X-ray, injection and medication. A progress note dated July 15, 2015 provides the injured worker complains of knee pain. Physical exam notes left knee surgical wounds are swollen and tenderness to palpation. The right knee is tenderness to palpation with crepitus and positive McMurray's maneuver. The plan includes physical therapy, synvisc injection, Tramadol, Naprosyn, Omeprazole, unloader brace and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 60 and 67 of 127.

**Decision rationale:** This claimant was injured in March with a medial meniscus tear of knee, osteoarthritis and partial meniscectomy. Treatment to date has included left knee surgery, X-ray, injection and medication. A progress note dated July 15, 2015 provides the injured worker complains of knee pain. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary and appropriately non-certified.

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** This claimant was injured in March with a medial meniscus tear of knee, osteoarthritis and partial meniscectomy. Treatment to date has included left knee surgery, X-ray, injection and medication. A progress note dated July 15, 2015 provides the injured worker complains of knee pain. No gastrointestinal issues are mentioned. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary and appropriately non-certified based on MTUS guideline review.

**Tramadol 150 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13 83 and 113 of 127.

**Decision rationale:** As shared previously, this claimant was injured in March with a medial meniscus tear of knee, osteoarthritis and partial meniscectomy. Treatment to date has included

left knee surgery, X-ray, injection and medication. A progress note dated July 15, 2015 provides the injured worker complains of knee pain. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.