

Case Number:	CM15-0182230		
Date Assigned:	09/23/2015	Date of Injury:	05/17/1997
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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:

This is a 62 year old female with a date of injury on 5-17-1997. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement of knee, chronic pain, depression and sleep disorder. According to the progress report dated 8-19-2015, the injured worker complained of ongoing pain and difficulty with her right knee. She was noted to be recovering from left knee surgery. The physical exam (8-19-2015) revealed tenderness along the knee. McMurray's test was positive. Treatment has included aqua therapy, cortisone injection, Hyalgan injection, transcutaneous electrical nerve stimulation (TENS) unit and medications. The injured worker has been prescribed Protonix and Ultracet since at least March 2015. The request for authorization dated 8-19-2015 included Protonix, Tramadol and Wellbutrin. The original Utilization Review (UR) (8-26-2015) denied requests for Protonix, Tramadol and Wellbutrin. Utilization Review approved requests for Nalfon and Remeron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60 per 8/19/15 order Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant has a remote history of a work injury occurring in May 1997 when she fell backwards while driving an electric bus. She continues to be treated for chronic knee pain. When seen, she was recovering from left knee surgery. She was using a cane or a walker. X-rays of the right knee showed advanced osteoarthritis. Treatments had included corticosteroid and viscosupplementation injections without improvement and she was considering undergoing a right total knee replacement. She had a past medical history of hypertension and diabetes. Physical examination findings included knee joint tenderness with positive McMurray's testing and decreased flexion. There was no joint instability. Medications were prescribed and included Wellbutrin, Nalfon, Protonix, which is being prescribed for gastritis, and extended release tramadol. Guidelines, recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to be prescribed nonselective NSAID medications and has a history of gastrointestinal upset. However, Protonix (pantoprazole) is not a first-line agent and there is no evidence of a trial and failure of a recommended proton pump inhibitor medication. The request is not medically necessary.

Tramadol ER 150mg #30 per 8/19/15 order Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in May 1997 when she fell backwards while driving an electric bus. She continues to be treated for chronic knee pain. When seen, she was recovering from left knee surgery. She was using a cane or a walker. X-rays of the right knee showed advanced osteoarthritis. Treatments had included corticosteroid and viscosupplementation injections without improvement and she was considering undergoing a right total knee replacement. She had a past medical history of hypertension and diabetes. Physical examination findings included knee joint tenderness with positive McMurray's testing and decreased flexion. There was no joint instability. Medications were prescribed and included Wellbutrin, Nalfon, Protonix which is being prescribed for gastritis, and extended release tramadol. 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.

Wellbutrin SR 50mg #60 per 8/19/15 order Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The claimant has a remote history of a work injury occurring in May 1997 when she fell backwards while driving an electric bus. She continues to be treated for chronic knee pain. When seen, she was recovering from left knee surgery. She was using a cane or a walker. X-rays of the right knee showed advanced osteoarthritis. Treatments had included corticosteroid and viscosupplementation injections without improvement and she was considering undergoing a right total knee replacement. She had a past medical history of hypertension and diabetes. Physical examination findings included knee joint tenderness with positive McMurray's testing and decreased flexion. There was no joint instability. Medications were prescribed and included Wellbutrin, Nalfon, Protonix, which is being prescribed for gastritis, and extended release tramadol. Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain and for the treatment of major depressive disorder. The claimant does not have a diagnosis of major depressive disorder and is being treated for osteoarthritis. There is no indication for prescribing Wellbutrin which is not medically necessary.