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| Case Number: | CM15-0188678 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 07/23/2015 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 41 year old female sustained an industrial injury on 7-23-15. Documentation indicated that the injured worker was receiving treatment for a knee and ankle sprain and strain. Previous treatment included physical therapy, a right knee brace, an ankle support and medications. X-rays of the right ankle (7-24-15) were normal. X-rays of the right knee (7-24-15) showed a mild nonspecific joint effusion. In an initial evaluation dated 8-24-15, the injured worker complained of right knee and ankle pain. Physical exam was remarkable for right ankle with mild swelling, tenderness to palpation along the lateral joint line, mid navicular and first navicular bone and mid dorsum sole of the foot. The injured worker had severe tenderness to palpation to the lateral ligaments. The physician stated that range of motion could not be tested due to pain. Right knee exam showed tenderness to palpation along the medial joint line with positive varus and valgus stress test for pain without instability and negative Lachman's test, McMurray's test and anterior and posterior drawer test. The physician stated that the injured worker's condition was currently too painful for physical therapy. The treatment plan included continuing to use her cane and wear her right ankle boot and right knee brace, medications (Prilosec and Tramadol), continuing to ice the right lower extremity, magnetic resonance imaging right ankle and knee and a functional capacity evaluation. On 9-10-15, Utilization Review non-certified a request for magnetic resonance imaging right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations, Special Studies.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. While the MTUS Guideline do acknowledge that knee MRI imaging can be employed to help establish a diagnosis of meniscal tear as was/is present/suspected here, ACOEM qualifies its recommendation by noting that such testing is indicated only if surgery is being considered or contemplated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the injured right knee on or around the date in question. Therefore, based on the submitted medical documentation, the request for MRI of the right knee is not medically necessary.

MRI (magnetic resonance imaging) of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies, Diagnostic Criteria, Surgical Considerations.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The medical records support that this patient has navicular and lateral ligament pain. However, the MTUS Guideline in ACOEM Guidelines note that MRI imaging is scored 0 out of 4 in its ability to identify and define suspected ankle strains. It is not clearly stated why this particular imaging modality was selected in the face of the unfavorable ACOEM position on MRI imaging to evaluate, identify, and define suspected ankle strains. Therefore, based on the submitted medical documentation, the request for MRI of the ankle is not medically necessary.

Prilosec 20mg #60: 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 rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active

h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is not on NSAIDS. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records does not support that she has GERD. The patient has no documentation of why chronic PPI therapy is necessary. Therefore, based on the submitted medical documentation, the request for prilosec is not medically necessary.

Tramadol HCL 325mg 1 bid: 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 for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction." Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. "Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids." The records indicate that this patient has not tried and failed alternative opioid medications. Therefore, based on the submitted medical documentation, the request for tramadol is not medically necessary.