

Case Number:	CM15-0189481		
Date Assigned:	10/01/2015	Date of Injury:	05/04/2012
Decision Date:	11/18/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 36 year old, male who sustained a work related injury on 5-4-12. A review of the medical records shows he is being treated for left knee pain. Current medications include Prilosec and Tramadol. He has been taking the Tramadol since at least 10-2014 without documentation if it is helping to relieve his pain or if it helps his functional capabilities. There is no documentation of gastrointestinal issues. In the progress notes, the injured worker reports sharp, constant left knee pain. He rates his pain level a 4 out of 10 with pain medication and an 8-9 out 10 without medications. This is consistent in the last few notes. The Tramadol ER "worked better" than the non-steroidal anti-inflammatories. On physical exam dated 8-14-15, he has left knee extension to 25 degrees and flexion to 90 degrees. He is not working. The treatment plan includes prescriptions for Meloxicam, to resume Naproxen and to continue with Omeprazole and Tramadol. In the Utilization Review dated 8-26-15, the requested treatments of Prilosec 20mg. #60 with 1 refill and Ultram 50mg. #90 with 1 refill are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 with 1 refill: 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: This patient was recently started on Naprosyn and the request is now for Prilosec due to potential adverse GI events from NSAIDs. In this case, the patient does not have any risk factors identified for GI events, include, 1) age over 65 years; 2) history of PUD, GI hemorrhage, or perforation; 3) concomitant use of corticosteroids, ASA or anticoagulants; and 4) high dose/multiple NSAIDs. There are no symptoms of dyspepsia. Therefore the medical necessity of Prilosec is not established and is not medically necessary or appropriate.

Ultram 50mg #90 with 1 refill: 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: Tramadol is a centrally-acting synthetic opioid indicated for moderate to severe pain according to CA MTUS Guidelines. In this case, although pain relief is identified with use of Tramadol, there is no thorough pain assessment provided. There is also no indication of an increased level of functioning or ADLs as a result of the use of Tramadol. Tramadol was recently authorized for weaning in a prior review and adequate time has elapsed for this to have been accomplished. Therefore the request is not medically necessary or appropriate.