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| Case Number: | CM15-0193162 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 11/06/2013 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 43-year-old male sustained an industrial injury on 11-6-13. Documentation indicated that the injured worker was receiving treatment for right knee meniscal tear, bilateral chondromalacia patella, bilateral bursitis pes anserinus and lumbar herniated nucleus pulposus. Previous treatment included physical therapy, chiropractic therapy, epidural steroid injections and medications. In an agreed medical evaluation dated 6-15-15, the physician stated that the injured worker had not reached maximal medial improvement and recommended physical therapy, possible knee surgery and medications. In a PR-2 dated 9-3-15, the injured worker complained of intractable knee pain associated with stiffness, weakness, numbness, tingling, locking, popping, giving way, grinding, swelling and instability. Physical exam was remarkable for bilateral knees with tenderness to palpation at the joint lines, pes anserinus and peripatellar area with positive McMurray's sign, positive Apley's compression test, positive patellofemoral compression test and positive Clarke's sign. The injured worker was unable to perform a full squat. The physician documented that current medications were "none". Magnetic resonance imaging left knee (8-9014) showed full thickness chondral defects of the patellofemoral joint with a partial thickness tear of the anterior cruciate ligament. The treatment plan included physical therapy prior to proceeding with knee surgery and medications (Naproxen Sodium, Omeprazole and Tramadol). On 9-14-15, Utilization Review noncertified a request for Omeprazole 20mg #60 with two refills and Tramadol 325mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole/Prilosec 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated 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). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily); or (2) a Cox-2 selective agent. The cited records from do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, determination is not medically necessary for the requested Prilosec.

Tramadol/Ultracet 325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 9/3/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, use of Tramadol does not meet the requirements of the guidelines, and is not medically necessary.