

Case Number:	CM15-0194246		
Date Assigned:	10/08/2015	Date of Injury:	01/14/2007
Decision Date:	12/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 1-14-2007. The injured worker was being treated for lumbosacral radiculopathy; status post left knee arthroscopy, osteonecrosis of the left knee femoral condyle, status post left, and developing right knee pain due to overuse. Medical records (8-25-2015 to 9-8-2015) indicate worsening nighttime shoulder pain and ongoing left greater than right knee pain. The medical records (6-22-2015 to 9-9-2015) show no change in the subjective pain rating of 4-5 out of 10 at best up to 7 out of 10 without medications. The physical exam (6-22-2015 to 9-9-2015) revealed decreasing right knee range of motion and left knee range of motion of 63-37 to 81. There was an antalgic gait, pain on flexion and extension, and decreased flexion to 14 inches from floor. There were tight hamstrings and healed left knee scars. There was right knee effusion, femoral condyle tenderness, increased crepitus, and popliteal cyst. There was a positive Neer, a positive Hawkin's, and tender subacromial space of the left shoulder. Treatment has included a magnetic stimulator and medications including pain (Hycet and Ultram since at least 8-2015), proton pump inhibitor (Prilosec since at least 8-2015), and steroid (Medrol Dosepak as needed since at least 8-2015). Per the treating physician (9-8-2015 report), the injured worker was to remain off work. The requested treatments included Hycet #1, Prilosec quantity 30, Ultram quantity 30, and Medrol Dosepak quantity 21. On 9-25-2015, the original utilization review non-certified requests for Hycet #1, Prilosec quantity 30, Ultram quantity 30, and Medrol Dosepak quantity 21.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hycet, every six to eight hours, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications, Opioids, criteria for use.

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

Decision rationale: Hycet, every six to eight hours, #1 is not medically necessary. Per MTUS, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Therefore, the requested medication is not medically necessary.

Prilosec, twice a day, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton Pump Inhibitors.

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

Decision rationale: Prilosec, twice a day, #30 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID it states that long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Therefore, the request is not medically necessary.

Ultram twice a day quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Ultram twice a day quantity 30 is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for

short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary.

Medrol Dosepak as needed quantity 21: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain: Corticosteroids.

Decision rationale: The ODG does not recommend this medication for chronic pain or acute non-radicular pain. The medication is recommended for acute radicular pain. There is limited evidence for use of steroids for acute radicular pain. The medical record documentation does not indicate acute radicular pain as the physical exam remained the same and the injury occurred in 2007. Medrol Dosepak as needed quantity 21 is not medically necessary.