

Case Number:	CM15-0199492		
Date Assigned:	10/14/2015	Date of Injury:	07/07/2004
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old female who sustained an industrial injury 07-07-04. A review of the medical records reveals the injured worker is undergoing treatment for bilateral moderate to advanced degenerative joint disease. Medical records (05-01-15), the most recent records submitted for review, reveal the injured worker complains of constant bilateral knee pain rated at 8/10. The physical exam (05-01-15) reveals bilateral knee restricted range of motion. The notes are handwritten and difficult to decipher. There is not mention of the gastrointestinal system in the physical exam, and no gastrointestinal diagnosis. Prior treatment includes work restrictions, bilateral knee surgery, left total knee replacement, physical therapy, 3 epidural steroid injection for low back pain, cortisone injections, unspecified medications and topical compounds, knee and low back braces, chiropractic treatments, as well as Tramadol and Prilosec since at least 05/01/15. The original utilization review (09-09-15) non certified the request for Tramadol 50mg #90 and Prilosec 20mg #90 for date of service 08-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 50mg #90 (DOS: 8/27/15): 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, Weaning of Medications.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there was a lack of documented objective functional improvement and pain relief with the use of Tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for retrospective Tramadol 50mg #90 (DOS: 8/27/15) is determined to not be medically necessary.

Retrospective Prilosec 20mg #90 (DOS: 8/27/15): 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: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec, therefore, the request for retrospective Prilosec 20mg #90 (DOS: 8/27/15) is determined to not be medically necessary.