MAXIMUS Federal Services

Case Number:	CM15-0214457		
Date Assigned:	11/04/2015	Date of Injury:	02/04/2012
Decision Date:	12/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female injured worker suffered an industrial injury on 02/04/2012. The diagnoses included left total knee replacement 5-5-2015. On 5-4-2015 the provider noted a history of insomnia and history of gastroesophageal reflux disease. On 8-12-2015 the provider noted she was having pain and difficulty sleeping. Medications in use at that time were Omeprazole, Tramadol and Ambien. On 9-9-2015 the provider reported she was improving with physical therapy. On exam the left knee had reduce d range of motion and reduced muscle strength while walking with cane. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. The medical record did not include symptoms of gastric upset or benefit from medication. The medical record did not include evidence of benefit from Ambien along with no evidence of a sleep evaluation. Prior treatments included post-operative physical therapy and medications. Utilization Review on 10-6-2015 determined non-certification for Omeprazole 20mg #30, Tramadol 50mg #60 and Ambien 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 (DOS 09/09/2015): 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: The patient presents with pain affecting the left knee. The current request is for Omeprazole 20mg #30 (DOS 09/09/2015). The treating physician report dated 9/9/15 (330B) provides no discussion or rationale for the current request. The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no documentation provided of any current NSAID use or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy the MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.

Tramadol 50mg #60 (DOS 09/09/2015): Upheld

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

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

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Tramadol 50mg #60 (DOS 09/09/2015). The treating physician report dated 9/9/15 (330B) provides no discussion or rationale for the current request. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Tramadol since at least 8/12/15 (226B). The report dated 9/9/15 (330B) does not address the patient's pain level. No adverse effects or adverse behavior were discussed by the patient. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement on file. In this case, all four of the required A's are not addressed, the patient's pain level has not been addressed at each visit and functional improvement has not been documented. The current request is not medically necessary.

Ambien 5mg #30 (DOS 09/09/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Ambien.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Ambien 5mg #30 (DOS 09/09/2015). The treating physician report dated 9/9/15 (330B) provides no discussion or rationale for the current request. The MTUS and ACOEM Guidelines do not address Ambien; however, the ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the use of this medication is outside the 7-10 days recommended by the ODG as the medical records provided indicate the patient has been prescribed Ambien since at least 5/8/15(159B). A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting 10mg #30. The ODG Guidelines do not recommend long-term use of this medication. The current request is not medically necessary.