

Case Number:	CM15-0223274		
Date Assigned:	11/19/2015	Date of Injury:	12/11/2012
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old male who sustained an industrial injury on 12-11-2012. Medical records indicated the worker was treated for lumbar strain secondary to gait modification, lumbar radiculitis of the left leg, and right elbow pain secondary to the use of a cane. In the provider notes of 09-22-2015, he gives a history of arthroscopic knee surgery (bilateral) in 2013. He has worn bilateral hinged knee braces to offload the continual pain in both knees. He also has pain in the right arm and elbow from extended use of the cane in his right hand. He uses the cane at home also. He indicates that he has more pain in his lumbar spine secondary to the limping he does. His right and left knee pains are almost the same. He describes his pain as a 6 on a scale of 10 at the least and an 8 there is ongoing pain with palpation about the lumbar spine and point tenderness over both sacroiliac joints. Supine straight leg raising is tolerated to 75-90 degrees on the left. Dural tension was not appreciated. 9 on a scale of 0-10 at its worst. The pain can make him nauseated when it is severe. His low back pain is less at a 4-5 on a scale of 0-10 and the right elbow pain is a 3 on a scale of 0-10. On exam, there are substantial varicosities bilateral in the knees and forelegs. There are post-surgical scars and bilaterally and there is ecchymosis in the left knee. The plan is for medications for pain and for gastric prophylaxis, drug testing and monitor. A request for authorization was submitted for: 1. Prilosec 20mg #60. 2. Anaprox 550mg #60. 3. Tramadol 37.5/325mg #90. A utilization review decision 10-20-2015 non-certified: Prilosec 20mg #60. Tramadol 37.5/325mg #90, and certified: Anaprox 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: 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 based on Non-MTUS Citation Prilosec prescribing information.

Decision rationale: The claimant sustained a work injury in December 2012 when he was struck by a box that he was retrieving from an overhead shelf with impact to the chest and then landing on both knees. In March 2013, he underwent left knee arthroscopic surgery with partial medial meniscectomy, synovectomy, and chondroplasty and had arthroscopic right knee surgery in August 2013. Postoperative treatment included medications, physical therapy, and injections. In June 2015, he had moderate to severe bilateral knee pain rated at 5-9/10. Current medications were acetaminophen, tramadol 50 mg two times per day, and Voltaren gel. He had been switch from Vicodin and felt that he had not improved much. He was having stomach pains, which also had not changed. When seen in September 2015 he was wearing bilateral hinged knee braces. He had bilateral knee pain rated at 6-9/10. He was having low back pain rated at 4-5/10 and right elbow pain at 3/10. With severe pain, he was having nausea. Physical examination findings included ambulating with a cane. He had bilateral medial and lateral knee joint line pain with decreased knee range of motion. He had pain with lumbar spine palpation. There was tenderness over both sacroiliac joints. Prilosec, Anaprox, and Tramadol 37.5/325 mg #90 were prescribed. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant was being prescribed Anaprox (naproxen). Although there is a history of gastrointestinal upset, there is no diagnosis of NSAID induced gastritis. Additionally, the recommended dose of Prilosec (omeprazole) for an adult patient with symptoms of gastroesophageal reflux disease is 20 mg per day. The dosing requested is not consistent with that recommended and the request is not medically necessary for this reason as well.

Tramadol 37.5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in December 2012 when he was struck by a box that he was retrieving from an overhead shelf with impact to the chest and then landing on both knees. In March 2013, he underwent left knee arthroscopic surgery with partial medial meniscectomy, synovectomy, and chondroplasty and had arthroscopic right knee surgery in August 2013. Postoperative treatment included medications, physical therapy, and injections. In June 2015, he had moderate to severe bilateral knee pain rated at 5-9/10. Current medications were acetaminophen, Tramadol 50 mg two times per day, and Voltaren gel. He had been switch

from Vicodin and felt that he had not improved much. He was having stomach pains, which also had not changed. When seen in September 2015 he was wearing bilateral hinged knee braces. He had bilateral knee pain rated at 6-9/10. He was having low back pain rated at 4-5/10 and right elbow pain at 3/10. With severe pain, he was having nausea. Physical examination findings included ambulating with a cane. He had bilateral medial and lateral knee joint line pain with decreased knee range of motion. He had pain with lumbar spine palpation. There was tenderness over both sacroiliac joints. Prilosec, Anaprox, and Tramadol 37.5/325 mg #90 were prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Tramadol/acetaminophen is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. An assessment for efficacy and side effects at follow-up would be expected. Prescribing was medically necessary.