

<b>Case Number:</b>	CM15-0036559		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Arizona  
 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 injured worker is a 65-year-old female who reported an injury on 04/28/2014. The injured worker was reportedly injured while attempting to restrain a child. The most recent physician progress report submitted for this review is documented on 12/09/2014. The injured worker presented for a follow-up evaluation with complaints of persistent pain in the bilateral knees. The injured worker indicated that the prescription tramadol helped to improve symptoms; however, it caused constipation. Upon examination, there was a left sided limping gait. The current diagnoses include torn meniscus of the knee, tendinitis of the shoulder, and lumbar sprain. Recommendations included discontinuation of tramadol and initiation of naproxen. The injured worker was also instructed to continue with omeprazole and issued a prescription for a left knee brace. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol ER 150mg #30, DOS: 1/6/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, , Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no evidence of a failure of nonopioid analgesics. There was also no documentation of a written consent of agreement for chronic use of an opioid. The provider indicated that the injured worker was to discontinue the use of tramadol secondary to constipation side effects. Given the above, the request is not medically necessary.

**Retrospective Omeprazole 20mg #30 DOS: 1/6/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically necessary.

**Retrospective Flurbiprofen powder 6gm, DOS: 1/6/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded power including flurbiprofen would not be supported. There is also no frequency listed in the request. As such, the request is not medically necessary.