

Case Number:	CM15-0235936		
Date Assigned:	12/11/2015	Date of Injury:	08/14/2014
Decision Date:	01/14/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/02/2015

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: Texas, Florida, 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 40 year old male who sustained an industrial injury on 8-14-14. He is on modified duty per 11-10-15 note. Medical records indicate that he injured worker has been treated for left knee internal derangement (8-14-14); advanced medial compartmental arthrosis, left knee; patellofemoral chondromalacia, left knee. He currently (11-10-15) complains of left knee pain. Physical exam revealed the injured worker ambulates with an antalgic gait. There was tenderness involving the medial joint line of the left knee with patellofemoral crepitus with active range of motion. Pain levels were not enumerated. Treatments to date include Vicodin; status post left knee arthroscopy with tricompartmental debridement (10-2-14); status post Supartz injection without benefit; status post platelet rich plasma injection (8-3-15); medications: Vicodin, Voltaren, Iodine, Protonix since at least 6-23-15, Ultram ER (since at least 6-23-15) and Ultracet since 9-1-15; physical therapy. In the 11-10-15 progress note the treating provider dispensed Naprosyn for extensive inflammatory disorder and non-tolerance to other non-steroidal anti-inflammatory medications; Protonix due to prior history of non-tolerance to non-steroidal anti-inflammatories and history of gastritis and to prevent gastric ulcer formation; Ultracet for current pain relief need that exceeds moderate level and the enhanced function achieved with activities of daily living when on this medication. There was a drug screen (date not present) demonstrating negative results of Ultram. The request for authorization dated 11-10-15 was for Naprosyn 550mg #60; Protonix 20mg #60; Ultracet 37.5-325mg #60. On 11-20-15 utilization Review non-certified the requests for Naprosyn 550mg #60; Protonix 20mg #60; Ultracet 37.5-325mg #60, modified to #48.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg 1 BID, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26. Page 60 and 67 of 127. This claimant was injured in 2014. There was left knee internal derangement. There is still left knee pain. The patient had knee debridement. There was a history of gastritis, but it is unclear if it was due to non-steroidal medication (NSAID). The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.

Protonix 20mg 1 TAB BID, #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 rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 68 of 127. As shared, this claimant was injured in 2014. There was left knee internal derangement. There is still left knee pain. The patient had knee debridement. There was a history of gastritis, but it is unclear if it was due to NSAID. There is no documentation of current gastric signs or symptoms. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.

Ultracet 37.5/325mg 1 TAB 4 x a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: Ultracet; Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 12, 13 83 and 113 of 127. As shared, this claimant was injured in 2014. There was left knee internal derangement. There is still left knee pain. The patient had knee debridement. There was a history of gastritis. This medicine, Ultracet, is a combination of Tramadol and Acetaminophen. The more significant medicine of concern is the tramadol. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.