

<b>Case Number:</b>	CM14-0122352		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/21/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Preventive Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 49-year-old male with a 7/21/08 date of injury. At the time (6/25/14) of the request for authorization for Hydrocodone 7.5mg/325mg #60, Prilosec 20mg One PO, Bid #60 for Stomach Protection, and Tramadol 50mg #60, there is documentation of subjective (knee pain and low back pain that radiates more in the buttocks area and down to the legs as well) and objective (flexes forward to about mid tibia with pain, difference of sensation below knee areas, tenderness noted at the medial joint line as well as inferior pole of the patella, positive drawer sign and positive Lachman test) findings, current diagnoses (lumbar strain, insomnia, depression, status post left knee arthroscopic surgery, lumbar disc protrusions, right knee sprain (compensatory mechanism), gastritis, left knee meniscal tear, bucket-handle type tear lateral meniscus, and anterior cruciate ligament tear), and treatment to date (medication including Hydrocodone, Prilosec, and Tramadol for at least 6 months). Regarding Hydrocodone 7.5mg/325mg #60 and Tramadol 50mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Hydrocodone and Tramadol use to date. Regarding Prilosec 20mg One PO, Bid #60 for Stomach Protection, there is no documentation of a risk for a gastrointestinal event.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 7.5mg/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar strain, insomnia, depression, status post left knee arthroscopic surgery, lumbar disc protrusions, right knee sprain (compensatory mechanism), gastritis, left knee meniscal tear, bucket-handle type tear lateral meniscus, and anterior cruciate ligament tear. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Hydrocodone for at least 6 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Hydrocodone use to date. Therefore, based on guidelines and a review of the evidence, the request for prospective request for Hydrocodone 7.5mg/325mg #60 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of lumbar strain, insomnia, depression, status post left knee arthroscopic surgery, lumbar disc protrusions, right knee sprain (compensatory mechanism), gastritis, left knee meniscal tear,

bucket-handle type tear lateral meniscus, and anterior cruciate ligament tear. However, there is no documentation of a risk for a gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #60 is not medically necessary.

**Tramadol 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar strain, insomnia, depression, status post left knee arthroscopic surgery, lumbar disc protrusions, right knee sprain (compensatory mechanism), gastritis, left knee meniscal tear, bucket-handle type tear lateral meniscus, and anterior cruciate ligament tear. In addition, there is documentation of moderate to severe pain and that Tramadol is being used as a second-line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Tramadol for at least 60 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg #60 is not medically necessary.