

Case Number:	CM14-0134932		
Date Assigned:	08/29/2014	Date of Injury:	01/15/2005
Decision Date:	10/06/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 60-year-old individual was reportedly injured on January 15, 2005. The most recent progress note, dated June 27, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated a 5'6", 190 pound individual who did not demonstrate any tenderness to palpation in the cervical, thoracic or lumbar sacral region of the spine. The injured employee was unable to walk on her toes. Motor function was described as 4+/5 on the left. There was tenderness to palpation of the right medial joint line. McMurray's testing elicited pain. Sensory examination was grossly intact. A decrease in lumbar spine range of motion was reported. Diagnostic imaging studies objectified degenerative osteoarthritic changes within the knee. Previous treatment included physical therapy, steroid injections and multiple knee surgeries as well as viscosupplementation. A request had been made for multiple medications and blood testing for liver and kidney function and was not certified in the pre-authorization process on August 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009); NSAIDs, GI sympt.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: As noted in the MTUS guidelines, this medication is recommended as an option for relief of signs and symptoms of osteoarthritis. However, when noting the date of injury, the injury sustained, the treatment rendered and the current physical examination findings, there is no indication that this medication has demonstrated its intended effect. There has not been any reduction in pain, increase in functionality and it is noted that viscosupplementation has been attempted. Therefore, when considering the date of injury, there is no clinical indication for continued non-steroidal medications at this time.

1 prescription of Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009); NSAIDs, GI sympt.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,73.

Decision rationale: As noted in the MTUS, this medication is recommended as an option for relief of signs and symptoms of osteoarthritis. However, when noting the date of injury, the injury sustained, the treatment rendered and the current physical examination findings, there is no indication that this medication has demonstrated its intended effect. There has not been any reduction in pain, increase in functionality, and it is noted that viscosupplementation has been attempted. Therefore, when considering the date of injury, there is no clinical indication for continued non-steroidal medications at this time.

1 prescription of Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009); NSAIDs, GI sympt.

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

Decision rationale: This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be used as a protectorant in those individuals taking non-steroidal medications. However, there are no specific complaints of gastritis or gastrointestinal distress from the injured employee. Therefore, this medication is not compromising the gastrointestinal system, and there is no data presented to support the medical necessity of this medication.

1 prescription Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009); NSAIDs, GI sympt.

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

Decision rationale: This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be used as a protectorant in those individuals taking non-steroidal medications. However, there are no specific complaints of gastritis or gastrointestinal distress from the injured employee. Therefore, this medication is not compromising the gastrointestinal system, and there is no data presented to support the medical necessity of this medication.

1 prescription of Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Tramadol (UI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: As noted in the MTUS, this is a centrally acting synthetic opioid and is not indicated as a first-line therapy. Furthermore, there needs to be objective occasion of the efficacy of this medication in terms of increased functionality. The other parameters are as noted. As such, the medical necessity has not been established.

1 prescription of Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Tramadol (UI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82 ,113.

Decision rationale: As noted in the MTUS, this is a centrally acting synthetic opioid and is not indicated as a first-line therapy. Furthermore, there needs to be objective occasion of the efficacy of this medication in terms of increased functionality. The other parameters are as noted. As such, the medical necessity has not been established.

1 blood testing for liver and kidney function: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009); regarding liver.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated September, 2014

Decision rationale: As noted in the Official Disability Guidelines, there is an indication for this testing particularly with the medication protocol being employed. Therefore, when noting no specific complaints and assessment of the current functioning of the liver and kidneys, this is clinically indicated.