

Case Number:	CM14-0161461		
Date Assigned:	10/06/2014	Date of Injury:	03/05/1979
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology, has a subspecialty in Pain 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 61-year-old male with a 3/5/79 date of injury. At the time (9/5/14) of the Decision for Flurbiprofen/Lansoprazole 100mg/10mg #90 with 3 refills and Tramadol/Acetaminophen/Ondansetron 50/250/2mg #90 with 3 refills, there is documentation of subjective (bilateral knee, neck, and low back pain) and objective (crepitus and tenderness over bilateral medial and lateral knee) findings, current diagnoses (internal derangement of bilateral knee, probable lateral meniscal tear of right knee, and chondromalacia bilateral knee), and treatment to date (injections and medication (including ongoing treatment with unspecified NSAID). Regarding for Flurbiprofen/Lansoprazole, 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 as a result of NSAID use to date. Regarding Tramadol/Acetaminophen/Ondansetron, there is no documentation of moderate to severe pain; and 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lansoprazole 100mg/10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specif drug list & adverse effects and NSAIDs, GI Symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of internal derangement of bilateral knee, probable lateral meniscal tear of the knee, and chondromalacia bilateral knee. In addition, there is documentation of ongoing treatment with unspecified NSAID. However, 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 as a result of NSAID use to date. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen/Lansoprazole 100mg/10mg #90 with 3 refills is not medically necessary.

Tramadol/Acetaminophen/Ondansetron 50/250/2mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Antiemetics (for Opioids), Ondansetron (Zofran)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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. Within the medical information available for review, there is documentation of diagnoses of internal derangement of bilateral knee, probable lateral meniscal tear of the knee, and chondromalacia bilateral knee. In addition, there is documentation of Tramadol used as a second-line option. However, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. In addition, 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. Therefore, based on guidelines and a review of the evidence, the request for Tramadol/Acetaminophen/Ondansetron 50/250/2mg #90 with 3 refills is not medically necessary.

