

Case Number:	CM14-0049630		
Date Assigned:	07/07/2014	Date of Injury:	05/17/2006
Decision Date:	08/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/17/2014

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 Texas and Ohio. 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 injured worker is a 61-year-old female with a reported injury date of 05/07/1980. The mechanism of injury was not provided. Her diagnoses included status post arthroscopy of the left knee with partial medial and lateral meniscectomy, status post arthroscopy right knee with partial medial and lateral meniscectomy, sprain of the lumbar spine with lower extremity radiculopathy, disc bulges at C4-5 and L5-S1, chondromalacia left knee, and chondromalacia of the right knee. The patient's current medication regimen was noted to include Ketoprofen, Prilosec, Tramadol, and Ambien. Diagnostic studies were not provided. Other therapies were not provided. The clinical note dated 11/04/2013 noted the injured worker had no new injuries and had not seen any other doctor since last evaluation. It was also noted the injured worker was not attending any therapy and not working. The pain was rated 7/10 before medication and 4/10 to 5/10 with medication. The injured workers subjective complaints were noted to include pain in the low back, bilateral knees, and neck pain. On physical examination it was noted there was tenderness over the posterior superior iliac spine bilaterally. In the treatment plan it was noted that the patient was prescribed Ketoprofen 75 mg #60, Omeprazole 20 mg #60 Tramadol, 50 mg #200, and Lorazepam 2 mg #30, and Zolpidem 10 mg. The urine drug screen that was collected on 11/04/2013 and completed on 11/18/2013 noted the injured worker was not in compliance with the prescribed medication to include Tramadol and Zolpidem. A request for authorization form was not provided within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors may be recommended for injured workers who are at immediate or high-risk for gastrointestinal events which include injured workers who are over the age of 65, have a history of peptic ulcer, GI bleed or perforation, have concurrent use of aspirin, corticosteroids, and/or anticoagulants, and are currently taking high dose/multiple NSAIDs. There was a lack of evidence within the documentation that the injured worker had subjective complaints that would benefit from the use of this medication. In addition, there is a lack of documentation provided showing that the injured worker would be at immediate or high-risk for gastrointestinal events that would require a proton pump inhibitor. As such, this requested medication is not medically necessary.

Tramadol 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 93-94, 78.

Decision rationale: The California MTUS Guidelines state that tramadol may be recommended for the treatment of moderate to severe pain. In addition, the California MTUS Guidelines state that injured workers who are currently prescribed opioid medications require ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects to include adequate pain assessment which should include the current pain, the least reported pain over the period since last assessment, the average pain, intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long pain relief lasts. There is a lack of adequate pain assessment provided within the documentation submitted for review. In addition, the urine drug screen submitted for review shows that the patient was not in compliance with this requested medication. As such, this request is not medically necessary.

Zolpidem 10mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Official Disability Guidelines state that Zolpidem may be prescribed for short-term use, up to 6 weeks, for the treatment of insomnia. In addition, the guidelines state that patients who are being treated pharmacologically for insomnia should have documentation addressing sleep onset, sleep maintenance, sleep quality, and next day functioning. There was a lack of documentation showing that the patient has symptomatology that would benefit from using this medication. In addition, There was a lack of documentation showing whether this requested medication provided a therapeutic effect to include sleep onset, sleep maintenance, sleep quality, and next day functioning. Therefore, this request is not medically necessary.