

Case Number:	CM14-0006365		
Date Assigned:	02/05/2014	Date of Injury:	07/30/2008
Decision Date:	03/20/2015	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 male, who sustained an industrial injury on July 30, 2008. He has reported injury to his right knee and low back. The diagnoses have included internal derangement of the knee on the right status post meniscetomy, discogenic lumbar and element of depression and sleep. Treatment to date has included diagnostic studies, surgery, TENS unit, chiropractic treatment, cortisone injection, knee brace, unloader brace, hyalgan injections and medication. Currently, the injured worker complains of chronic ongoing right knee pain rated as an 8-10 on the 1-10 pain scale. He also has low back pain. The pain was noted to be present pretty much all of the time and was especially worse with prolonged standing and walking. He was noted to take medications to be functional. The documentation dated 11/13/13 states that the patient is asking for an increase in Norco. The review of systems indicates that the patient has an element of stress, anxiety and depression. The patient was given scripts for Norco 10/325mg #180 one every 4 to 6 hours as needed. The 12/11/13 progress note states that the patient has chronic knee pain between 8-10/10. The patient takes Norco as well as medications "from our office including Tramadol ER. On December 16, 2013, Utilization Review non-certified Prilosec 20mg #60 and Tramadol ER 150mg #60, noting the California Chronic Pain Medical Guidelines. On January 14, 2014, the injured worker submitted an application for Independent Medical Review for review of Prilosec 20mg #60 and Tramadol ER 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing & ongoing management Page(s): 86 & 78-80.

Decision rationale: Tramadol ER 150mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation dated 11/13/13 states that the patient is asking for an increase in Norco. The patient was given scripts for Norco 10/325mg #180 one every 4 to 6 hours as needed as well as Tramadol ER 150mg. The opioid medications exceed the MTUS morphine equivalent dose and are not medically necessary. Furthermore the MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient continues to have significant pain despite long term opioids.

PRILOSEC 20MG #60: Overturned

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

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

Decision rationale: Prilosec 20mg #60 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation indicates that the patient is over 65; has dyspepsia and takes NSAIDS. The request for Prilosec is medically necessary.