

Case Number:	CM14-0196397		
Date Assigned:	12/03/2014	Date of Injury:	09/12/2014
Decision Date:	06/16/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/21/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female patient who sustained an industrial injury on 09/12/2014. An orthopedic follow up visit dated 10/28/2014 reported the patient not working at this time, receiving social security, and just recently underwent a magnetic resonance imaging study of left elbow, and right knee. Objective findings showed tenderness to palpation of the left patella with grade 3 soft crepitus. There is tenderness of the anterior lateral joint line, anterior medial joint line and patellar line tenderness. She is diagnosed with left knee contusion with lateral meniscus tear of the anterior horn; right knee contusion; left elbow strain/sprain; anxiety, insomnia, and status post trip and fall at work. The plan of care involved the patient attending both physical and aquatic therapy sessions. Tramadol and Prilosec were dispensed. She is to follow up in 6 weeks. The initial doctor's report dated 09/12/2014 reported subjective complaint of having had fallen injuring both knees. She is diagnosed with left knee strain, right knee contusion, left elbow strain, and left breast contusion. She was given a knee supportive brace, ice pack and crutches along with a prescription for Ultram and Tylenol ES. She is to follow up in one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS unknown) Prilosec 20 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retro (DOS unknown) Prilosec 20 MG #90 is not medically necessary and appropriate.

Retro (DOS unknown) Tramadol 150 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retro (DOS unknown) Tramadol 150 MG #60 is not medically necessary and appropriate.