

Case Number:	CM14-0214704		
Date Assigned:	01/07/2015	Date of Injury:	11/24/2009
Decision Date:	03/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Preventive Medicine, Occupational 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:

Patient is a 57 year-old male with date of injury 11/24/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/06/2014, lists subjective complaints as pain in the bilateral knees. Objective findings: Examination of the bilateral knees revealed tenderness to palpation along the lateral and medial joint lines. Range of motion testing caused pain with full extension. Palpable and audible crepitus was also noted. Strength and sensory testing were within normal limits. There was no atrophy noted in the bilateral lower extremities. Diagnosis: 1. Chondromalacia of patella 2. Lumbago 3. Thoracic or lumbar neuritis or radiculitis. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Tramadol 100mg, #90 SIG: one pill by mouth TID 2. Omeprazole 20mg, #90 SIG: one pill by mouth QD 3. Ibuprofen 800mg, #90 one pill by mouth TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg #90: 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 Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol 100mg #90 is not medically necessary.

Omeprazole 20mg #90 1 refill: 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 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #90 1 refill is not medically necessary.

Ibuprofen 800mg, #90: 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 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Ibuprofen 800mg, #90 is not medically necessary.