

Case Number:	CM15-0017466		
Date Assigned:	02/05/2015	Date of Injury:	08/31/2014
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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 23 year old female, who sustained an industrial injury on 8/31/14. On 1/29/15, the injured worker submitted an application for IMR for review of 1 Labs to include CBC, CRP, CPK, Chem 8, and hepatic/arthritis panel, and Tramadol 50mg #90 with 2 refills, and Omeprazole 20mg #30. The treating provider has reported the injured worker complained of right knee pain described as sharp and constant. The diagnoses have included right knee sprain, right knee chondromalacia patella, right knee Baker's cyst, right knee internal derangement. Treatment to date has included right foot and knee x-rays, right knee walking boot and knee brace, medications. On 1/16/15 Utilization Review non-certified 1 Labs to include CBC, CRP, CPK, Chem 8, and hepatic/arthritis panel, and Omeprazole 20mg #30 and MODIFIED Tramadol 50mg #90 with NO refills. The MTUS, ACOEM Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Labs to include CBC, CRP, CPK, Chem 8, and hepatic/arthritis panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers' Compensation.

Lower extremity injury medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation; 2009 Jun 4. 136 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: According to the 01/07/2015 report, this patient presents with 9/10 pain in the right knee and lower leg. The current request is for 1 Labs to include CBC, CRP, CPK, Chem 8, and hepatic/arthritis panel "to make sure the patient can safely metabolize and excrete the medications as prescribed." The request for authorization is on 01/07/2015. The patient's work status is "currently not on any work restriction" and is currently employed with [REDACTED]. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The provided medical reports indicate the patient's current medications includes Ibuprofen and hydrocodone/APAP. In this case, the treating physician has prescribed NSAIDs and MTUS supports CBC lab monitoring, chemistry profile and kidney/renal function testing for patient that are taking NSAIDs. The MTUS guidelines do not support CRP and CPK testing. Therefore, this request IS NOT medically necessary.

Tramadol 50mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 01/07/2015 report, this patient presents with a 9/10 pain in the right knee and lower leg. The current request is for Tramadol 50mg #90 with 2 refills and Utilization Review modified the request to Tramadol 50mg #90 with NO refills. This medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per the treating physician in the 01/07/2015 report, the patient denies any difficulties with self care/personal hygiene, and communication. However, the patient does has difficulties with driving greater than 60 minutes. The patient is currently employed with Foster Farm with no restriction. In this case, the patient is working with no restrictions. The treating physician indicates the patient's pain level, but does not mention whether or not medication is helping the

patient's pain. While the patient has reached high level of function by working, the treater does not provide adequate documentation regarding opiate use, including analgesia, side effects and aberrant behavior. There are no drug screen reports, no discussion regarding proper opiate management, etc. The request IS NOT medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: According to the 01/07/2015 report, this patient presents with a 9/10 pain in the right knee and lower leg. The current request is for Omeprazole 20mg #30 "to protect the gastric mucosa and due to a history of GERD symptoms." This medication was first noted in this report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Ibuprofen and has history of GERD symptoms. However, the treating physician does not provide discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The patient is not over 65 years old; no other risk factors are present and there is no documentation of functional benefit from this medication or pain relief as required by the MTUS guidelines on page 60. Therefore, the request IS NOT medically necessary.