

Case Number:	CM15-0067169		
Date Assigned:	04/14/2015	Date of Injury:	04/09/2013
Decision Date:	05/13/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on April 9, 2013. He reported right knee and leg pain. The injured worker was diagnosed as having a right knee Bakers cyst, right knee internal derangement, right knee medial meniscus tear, bilateral shoulder impingement, bilateral shoulder acromioclavicular cartilage disorder, bilateral shoulder subacromial/subdeltoid bursitis, and left shoulder bicipital tendinitis. Treatment to date has included MRI, x-rays, urine drug screen, bilateral shoulder steroid injections, work modifications, a knee immobilizer and brace, crutches, physical therapy, right knee steroid injection, and medications including pain, proton pump inhibitor, and non-steroidal anti-inflammatory. On March 17, 2015, the injured worker complains of achy, sharp, and worse at night bilateral shoulder pain and constant, achy, and sharp right knee pain. His pain of the shoulders and right knee is rated 7 out of 10. He reports loss of range of motion as he has to keep the knee extended to keep from having pain. The physical exam revealed the Neer's, 90 degree cross over impingement test, Apley's, and Hawkin's of bilateral shoulders were positive, greater on the left than the right. There was weak abduction against weakness of bilateral shoulders, greater on the left than the right. There was decreased flexion, unchanged extension, tenderness over the body and the posterior horn of the medial meniscus, and an extremely antalgic gait. The treatment plan includes refills of his pain, proton pump inhibitor, and non-steroidal anti-inflammatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 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 opioids Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had not been taking any pain medication in December 2014 and the pain level was 7/10. In March 2015, the claimant had been on Motrin and Tramadol and the pain level was also 7/10. In addition, the claimant has been on Tramadol and Motrin intermittently for several months indicating lack of consistent use or benefit. The continued use of Tramadol is not medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was not receiving significant benefit from NSAIDs and opioids. The Omeprazole was used due to NSAID use, which has questionable necessity. Therefore, the continued use of Omeprazole is not medically necessary.