

<b>Case Number:</b>	CM15-0098548		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 45-year-old female, who sustained an industrial injury on 6/12/12. She has reported initial complaints of left knee injury after striking it on a bath tub at work. The diagnoses have included chondromalacia left knee status post two arthroscopy surgeries with chondroplasty on the left and plantar fasciitis. Treatment to date has included medications, activity modifications, conservative care, diagnostics, surgery, injections, bracing, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/13/15, the injured worker admits to weight gain, leg swelling, heartburn, loss in coordination, memory loss, tired and sluggish, high stress, depression, anxiety, and suicidal ideations. The physical exam of the left knee and leg reveals left calf is larger than the right, mild to moderate antalgic gait is noted, he uses a cane to ambulate, there is mild soft tissue swelling, medial joint line tenderness is noted, arthroscopic portals are noted without evidence of infection, there is a positive patellofemoral compression test, positive Clarke's sign, positive Apley's compression test and he is unable to perform a full squat. Treatment plan is to start Anaprox, Omeprazole, Tramadol and a knee brace with hinges was given to the injured worker. The diagnostic testing that was performed included x-rays of the left knee. The current medications included Naproxen. The physician requested treatments included Retrospective request: Omeprazole 20mg #60 DOS 4/13/15 and Retrospective request: Tramadol #60 DOS 4/13/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Omeprazole 20mg #60 DOS 4/13/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

**Decision rationale:** Based on the 4/13/15 progress report provided by the treating physician, this patient presents with left knee pain. The treater has asked for RETROSPECTIVE REQUEST: OMEPRAZOLE 20MG #60 DOS 4/13/15 on 4/13/15. The patient's diagnoses per request for authorization form dated 4/15/15 are chondromalacia knee and plantar fasciitis. The patient is s/p 2 prior unspecified knee surgeries, the most recent on her left knee on 1/16/13 per 4/13/15 report. The patient is using a cane to assist with ambulation per 4/13/15 report. The patient's current medication is Naproxen per 4/13/15 report. The patient's left knee X-ray dated 4/13/15 showed well preserved joint spaces, no loose bodies, no calcifications, no acute fractures. The patient's pain is managed by resting, icing, creams, medications, massage, bracing, and electrical stimulation per 4/13/15 report. The patient is on modified work duty per 4/13/15 report. MTUS pg 69 states, "Clinicians should weight 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)." "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 reports do not show any evidence of prior use of Prilosec. The patient is currently taking Naproxen, but the treater does not document any gastrointestinal upset or irritation. There is no history of ulcers, either. Additionally, the patient is under 65 years of age, and there is no documented use of ASA, corticosteroids, and/or an anticoagulants concurrently. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the requested Omeprazole 20 mg IS NOT medically necessary.

**Retrospective request: Tramadol #60 DOS 4/13/15: Overturned**

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

**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.

**Decision rationale:** Based on the 4/13/15 progress report provided by the treating physician, this patient presents with left knee pain. The treater has asked for RETROSPECTIVE REQUEST: TRAMADOL #60 DOS 4/13/15 on 4/13/15. The patient's diagnoses per request for authorization form dated 4/15/15 are chondromalacia knee and plantar fasciitis. The patient is s/p 2 prior unspecified knee surgeries, the most recent on her left knee on 1/16/13 per 4/13/15 report. The patient is using a cane to assist with ambulation per 4/13/15 report. The patient's current medication is Naproxen per 4/13/15 report. The patient's left knee X-ray dated 4/13/15 showed well preserved joint spaces, no loose bodies, no calcifications, no acute fractures. The patient's pain is managed by resting, icing, creams, medications, massage, bracing, and electrical stimulation per 4/13/15 report. The patient is on modified work duty per 4/13/15 report. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. Regarding medications for chronic pain MTUS Guidelines pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." The patient has not been prescribed any opiates per review of reports. The utilization review dated 4/23/15 denies the request on the grounds that the treater does not document functional improvement, but the requesting 4/13/15 report makes it clear that the patient is to "start Ultracet." In regard to the prescription of Tramadol the request is indicated. This is the initiating prescription of this medication. A trial of Tramadol appears reasonable for patient's ongoing chronic pain condition. Therefore, the request IS medically necessary.