

Case Number:	CM13-0012682		
Date Assigned:	09/18/2013	Date of Injury:	10/28/2003
Decision Date:	02/03/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male who reported an injury on 10/28/2003. The mechanism of injury information was not provided in the medical record. The most recent clinical documentation reported the patient stated his bilateral knees were stable, and he did not have daily pain. The patient stated he would have occasional pain 2/10 to his knees. The patient had been working for two months full time. The use of hot and cold packs has been helping patient deal with any occasional pain he has.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines states there should be on-going review and documentation addressing the 4A's to include analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors. The clinical information submitted did not address objective functional improvement and the extent

of pain relief the patient has experienced with the use of this medication. As such, the request for of Ultracet 37.5mg # 60 is non-certified.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) states the use of proton-pump inhibitors with Nonsteroidal anti-inflammatory drugs (NSAIDs) is recommended if the patient is determined to be at risk for gastrointestinal events. The clinical information submitted did not indicate the patient was at risk for gastrointestinal events to meet guideline criteria. As such the Prilosec 20mg is not medically necessary, therefore, the request for Prilosec 20mg #60:is non-certified.