

Case Number:	CM13-0017645		
Date Assigned:	10/11/2013	Date of Injury:	11/01/2011
Decision Date:	01/08/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/27/2013

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 Internal Medicine and is licensed to practice in Washington DC and Virginia. 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:

This is a 66 year old male who suffered a fall at work while carrying a computer bag, resulting in injury, from falling down several stairs ,to the lower back and left knee on November 11 2011. The patient had persistent pain in the left knee despite anti-inflammatories and steroid injection. The patient underwent L4-5 fusion in April 11 2012. He also had 2 left knee surgeries; the first was a partial knee replacement on January 6, 2012. The second was an arthroscopic procedure, as part of revision to address the patient's ongoing knee pain. The patient had a partial lateral meniscectomy on October 18, 2012, leading to plica synovialis excision. The patient had issues with lumbar post fusion pain and left knee internal derangement leading to post operative pain, diffuse regional myofascial pain , chronic pain syndromes with resultant insomnia and depression(MDD). He was evaluated for these complication by his PCP, [REDACTED], on July 25, 2013. Clinical documentation provided by PCP noted that he had developed right foot pain, as part of a compensatory mechanism, over a period of 3 months following his surgical interventions, and this lead to gait issues. The patient was evaluated and treated by physical therapy. Per [REDACTED] note from April 13, 2013, the patient had failed physical therapy after 12 out of the recommended 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30 with 5 refills: 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: The patient was given a proton pump inhibitor (PPI) in order to prevent post-operative gastritis. It is reasonable to give the patient a PPI during the hospitalization, especially in a post-operative setting. However, once the patient has been mobilized, discharged from the hospital and participating in physical therapy, the patient is not at risk for stress ulcers which would be the indication for prescribing a PPI. The patient was out of the window for prophylaxis and had no symptoms of GERD to suggest treatment was needed. Further, long term usage has been shown to increase risk of hip fracture. The request for omeprazole is not medically necessary and appropriate.

Temazepam 30mg #30 with 5 refills: 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): 3, 58.

Decision rationale: This was an elderly patient who was seen in the post-operative setting. He apparently was having insomnia issues and was thereby prescribed a benzodiazepine (BZD). BZD's have long been shown to have adverse effects in patients for insomnia intentions, especially in elderly patients. The patient was at further risk of injury and tolerance from BZD due to his age and intention for which the medication was given. The request for temazepam is not medically necessary and appropriate.