

Case Number:	CM13-0026164		
Date Assigned:	01/15/2014	Date of Injury:	12/07/2005
Decision Date:	03/20/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/18/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, mid back pain, bilateral knee pain, neck pain, and ankle pain reportedly associated with an industrial injury of December 7, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a right total knee arthroplasty with multiple revisions; and multiple prior shoulder surgeries. In a Utilization Review Report of September 16, 2013, the claims administrator denied a request for Prilosec, denied a request for Orudis, and denied a request for facet joint blocks. In an earlier note of October 1, 2012, it is noted that the applicant is off of work, on total temporary disability. The applicant is a former truck driver, it is further suggested. A later note of December 27, 2013, is notable for comments that the applicant reports 2 8/10 multifocal pain. He is status post multiple Synvisc injections. Tenderness and limited range of motion with locking and clicking are noted about the shoulder, and crepitation is also noted about the knee. The applicant is again placed off of work, on total temporary disability, while medications are refilled. An earlier note of November 13, 2013, is notable for comments that the applicant states his stomach hurts while taking Ketoprofen. Medrox patches were apparently issued. An earlier note of October 29, 2013, is again notable for comments that the applicant is off of work, on total temporary disability, despite ongoing Ketoprofen usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole) 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton-pump inhibitors Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Guidelines, proton-pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant was described as having issues with stomach upset/dyspepsia, presumably as a result of oral Ketoprofen (Orudis usage). Usage of omeprazole or Prilosec to combat the same was indicated. Therefore, the request is medically necessary and appropriate.

Orudis 75mg: Upheld

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Guidelines, discontinuation of the offending NSAID is recommended in those individuals who develop NSAID-induced dyspepsia. In this case, the applicant did develop dyspepsia/stomach upset as a result of NSAID usage. Discontinuing the same was indicated and appropriate, as suggested on page 69 of the MTUS Chronic Pain Guidelines. It is further noted that the applicant seemingly failed to affect any lasting benefit or functional improvement through prior usage of Ketoprofen. The fact that the applicant remained off of work, on total temporary disability, and remained highly reliant on various oral medications, topical medications, injections, etc., taken together, implies a lack of functional improvement. Therefore, the request is not medically necessary and appropriate.

One facet block injection bilaterally at the L4-5 and L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the ACOEM Guidelines, facet joint injections are "not recommended." In this case, there is no clear-cut evidence that the applicant's pain is facetogenic in nature. Rather, the applicant seemingly has multifocal shoulder, arm, low back, knee pain, etc., all of which argue against any bonafide facetogenic low back pain. Therefore, the request is not medically necessary and appropriate.