

Case Number:	CM13-0033731		
Date Assigned:	12/06/2013	Date of Injury:	09/11/2008
Decision Date:	02/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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:

The patient is a 45 year old man who who worked as a machine operator. The patient had initial injury on Sept 11 2008 following a fall and suffering injury to left knee and lower back. He has been seen by [REDACTED] on July 22 2013. The patient had been given surgical treatment and medical management with hydrocodone, naproxen and omeprazole. [REDACTED] saw the patient on April 12 2013 for ongoing pain. He was given: naproxen 550mg bid, omeprazole 20mg daily, hydrocodone/tylenol 500/5 qid, medrox ointment qid. He had undergone an L4-5 and L5-s1 meniscectomy and chondroplasty in Feb 22 2011 but suffered from persistent pain leading to severe depression and opiate dependence. He was also referred to [REDACTED] and [REDACTED] for survical reevaluation of the knee and back, respectively. He was also sent to emergency psychiatry for active suicidal ideation with plan. It was advised that he continue hydrocodone/tylenol naproxen, omeprazole. In May 16, 2012, the patient was started on Anaprox 550, norco 5/325, prilosec(omeprazole) 20. The medically necessity for naproxen and prilosec are being evaluated here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 68-69, 73.

Decision rationale: Per the MTUS Chronic pain medical treatment guidelines, a patient with osteoarthritic pain should have three doses if there is not an adequate response to therapy. The dose may be increased to 1500mg per day for limited time periods(up to 6 months). The patient was prescribed anaprox 550mg but it is not clear what the dose frequency was. Some of the later documentation has stated he was taking 550mg bid which would be beyond the maximal limit for daily dosing. It not clear from the documentation what the duration of this increased dosing was and how long it was to continue. It is thereby not found to be medically indicated

Omeprazole 20mg: 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: Per the MTUS Chronic pain medical treatment guidelines, a patient is considered to be at intermediate risk for gastrointestinal events and no cardiac events if 1) an NSAID w/ either a proton pump inhibitor (PPI) is used or 2) a Cox-2 agent is used. Long term PPI use, over a year, can increase a risk of hip fracture. The patient is considered to be intermediate risk by virtue of being on an NSAID. However it is not clear what the duration of the PPI, Prilosec, was from the documentation provided. This is needed in order to ensure the patient is receiving medically necessary therapy with greatest benefit and minimal risk of adverse effects.