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| Case Number: | CM13-0034237 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 04/27/2010 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/11/2013 |

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, has a subspecialty in Cardiology 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 31-year-old male who reported an injury on 04/27/2010 after straining his knee on a ladder. The patient's injury resulted in anterior cruciate ligament reconstruction and a meniscectomy. The patient's chronic pain was managed with medications. The patient's most recent clinical evaluation noted that the patient had persistent right knee pain. Physical findings included an antalgic gait, medial joint line tenderness to the right knee and restricted range of motion described as 115 degrees in flexion. The patient's diagnoses included a knee sprain, knee pain, low back pain, chronic pain, and knee capsulitis. The patient's treatment plan included continuation of medications, and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole (Prilosec) 20mg 1 tab PO OD PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested omeprazole 20 mg is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the patient

had any gastrointestinal issues that require medication management. California Medical Treatment Utilization Schedule recommends omeprazole when patients are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide any evidence of an evaluation to assess the patient's risk factors or documentation of symptoms that would require this kind of medication management. As such, the requested omeprazole 20 mg 1 tablet by mouth OD as needed #30 is not medically necessary or appropriate.

Topamax 50mg tab 1 tab PO 1-2 times a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, and Antiepilepsy drugs (AEDs) Page(s): 60, 16.

Decision rationale: The requested Topamax 50 mg 1 tablet by mouth 1 to 2 times a day #60 is not medically necessary or appropriate. Clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends medications that are used in the management of the patient's chronic pain be supported by functional benefit and quantitative measures to define symptom response. The clinical documentation submitted for review does not provide any evidence of increased functional benefit or symptom relief as a result of this medication. Therefore, continued use would not be supported. As such, the request for Topamax 50 mg tablets by mouth, 1 to 2 times per day, #60 is not medically necessary or appropriate.