

Case Number:	CM13-0051231		
Date Assigned:	06/09/2014	Date of Injury:	11/26/2010
Decision Date:	07/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 expert 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 47 year old male with a date of work injury 11/26/10. The diagnoses include a tear, right anterior cruciate, medial and lateral menisci. 2. Chondromalacia, medial and lateral compartments, right knee. 3. Status post arthroscopic partial medial and lateral menisctomies, meniscal repair, and chondroplasty, 3/4/11 and 1/6/12. There is a 4/15/13 QME that states that the patient has significant GI distress and continues to have GI distress although he does not take anti inflammatory medication and this is an appropriate form of treatment for underlying acidity due to the industrial injury. The patient has GI distress related to his anxiety, stress, and depression. There is a 5/16/13 orthopedic primary treating physician progress report treatment plan that states that the patient is to take Naprosyn 550mg take one tablet once a day and Prilosec 20 mg daily. There is a 9/30/13 orthopedic progress note that states that the patient feel worse in the right knee. The patient has pain and right knee weakness. He has Bell 's palsy. The document states that on examination the right knee is tender to palpation. There is 4/5 strength in the right knee. The treatment plan includes a prescription for Norco because Ibuprofen was not helping. The patient was given a prescription for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Prilosec 20mg #60 is not medically necessary. There is no history that patient meets Chronic Pain Medical Treatment Guidelines criteria for a proton pump inhibitor including : (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The Chronic Pain Medical Treatment Guidelines states that the treatment of dyspepsia secondary to NSAID therapy is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The documentation indicates in the most recent note that Ibuprofen was not helping the patient and he was started on Norco. Without the MTUS risk factors requiring a proton pump inhibitor the request for Prilosec 20mg #60 is not medically necessary.