

Case Number:	CM13-0059490		
Date Assigned:	12/30/2013	Date of Injury:	07/13/2012
Decision Date:	05/15/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/02/2013

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, and is licensed to practice in Illinois. 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 injured worker is a 32-year-old male who reported an injury on 7/13/12. The mechanism of injury was not provided. Current diagnoses include sprain and strain of the right ankle and status post right knee surgery. The injured worker was evaluated on 9/3/13. The injured worker reported persistent right knee pain. Physical examination revealed tenderness at the medial joint line, painful terminal flexion, tenderness in the anterolateral region of the ankle, and tenderness around the anterior talofibular ligament. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 PRILOSEC 20MG (DISPENSED ON 10/10/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor,

even in addition to a non-selective NSAID. As per the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. Based on the clinical information received, the request is non-certified.

60 ZOFRAN 8MG (DISPENSED ON 10/10/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Zofran has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation as well as postoperative use. The injured worker does not meet any of the above mentioned criteria for use of this medication. As such, the request is non-certified.