

Case Number:	CM13-0065284		
Date Assigned:	01/03/2014	Date of Injury:	09/08/2010
Decision Date:	04/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 09/08/2010 after lifting a piece of air conditioning duct, which reportedly caused injury to the right knee. The patient ultimately developed a lumbar injury secondary to an altered gait pattern. The patient's treatment history included chiropractic care, psychiatric support, multiple medications, and surgical intervention to the right knee, followed by postoperative physical therapy. The patient's most recent clinical documentation noted the patient had continued knee pain complaints rated at a 7/10 with associated feelings of instability. Physical findings included a negative McMurray's test and positive medial joint line space tenderness with mild per patellar edema and a positive antalgic gait. The patient's diagnoses included status post right knee arthroscopy in 02/2013, right knee ACL sprain/strain, right knee pain, and lumbar sprain/strain. The patient's treatment plan included an x-ray of the lumbar spine due to increased pain levels; and medications to include naproxen for inflammation and omeprazole for gastrointestinal protection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60, 2 refill prescribed 10-08-13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 60-68.

Decision rationale: The requested naproxen 500 mg #60 with 2 refills prescribed 10/08/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of no steroidal anti-inflammatory drugs in the management of chronic pain. However, the clinical documentation submitted for review does indicate that the patient has been on this medication since at least 04/2012. California Medical Treatment Utilization Schedule recommends that medications in the management of chronic pain be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review does not provide any evidence that the patient receives significant pain relief from medication usage. Additionally, there is no documentation of significant functional benefit related to medication usage. As such, the requested naproxen 550 mg #60 with 2 refills prescribed 10/08/2013 is not medically necessary or appropriate.

Omeprazole 20mg #30, 2 refill prescribed 10-08-13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The requested omeprazole 20 mg #30 with 2 refills prescribed 10/08/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectant for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for developing gastrointestinal disturbances related to medication usage. As such, the requested omeprazole 20 mg #30 with 2 refills prescribed on 10/08/2013 is not medically necessary or appropriate.

X-rays of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested x-rays of the lumbar spine are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not support routine x-rays of the lumbar spine. There is no documentation that the patient has received any recent active therapy focused on the lumbar spine and is participating in a home exercise program to assist with pain control. Although the patient has had an increase in pain of the

lumbar spine, there is no documentation of red flag conditions to support the need for an imaging study. There is no documentation of neurological deficits or recent trauma. As such, the requested x-rays of the lumbar spine are not medically necessary or appropriate.