

Case Number:	CM13-0067508		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2001
Decision Date:	05/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 66-year-old male who reported an injury on 06/05/2001. The mechanism of injury was not stated. Current diagnosis is status post right knee arthroscopy with advanced degenerative joint disease. The injured worker was evaluated on 11/25/2013. The injured worker was status post right knee arthroscopy. Physical examination of the right knee revealed tenderness at the joint line with positive patellar compression testing and painful range of motion with crepitus. Treatment recommendations included continuation of current medication. A request for authorization was submitted on 11/22/2013 for the medications omeprazole 20 mg, tramadol ER 150 mg, and Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The

current request does not include a frequency. Therefore, the request is not medically appropriate. As such, the request is non-certified.

OMEPRAZOLE DELAYED-RELEASE CAPSULE 20MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES,SALICYLATE TOPICAL

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

Decision rationale: California MTUS Guidelines state 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. There is no frequency listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.