

Case Number:	CM13-0070861		
Date Assigned:	01/08/2014	Date of Injury:	11/16/2009
Decision Date:	05/29/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 Geriatrics, and is licensed to practice in New York. 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 54 year old man with a date of injury of 11/16/09. He was seen by his primary treating physician on 10/16/13 in follow up of pain of his cervical spine, lumbar spine, right shoulder and right knee. His physical exam showed limited range of motion of the lumbar spine and tenderness to palpation over the paraspinal muscles with a positive straight leg raise. He had normal muscles strength and sensation and deep tendon reflexes. His right knee showed limited range of motion from 0 to 130 degrees. He had tenderness over the right medial and lateral joint line. Strength was 4+/5 with extension with 4/5 quadriceps strength and 5/5 hamstring strength. McMurray's and patellofemoral grind tests were negative. A lumbar MRI showed a small 3mm disc at L4-5 and he was reassured. His diagnoses were status post right knee medial and lateral partial meniscectomy and status post right knee arthroscopy. He was to continue physical therapy. At issue in this review are Naproxen, Prilosec, and a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX (NAPROXEN SODIUM 550MG) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This injured worker has chronic back and knee pain with limitations in range of motion and pain noted on physical examination. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including Naproxen. Per the chronic pain guidelines for chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify ongoing use. The request is not medically necessary and appropriate.

PRILOSEC (OMEPRAZOLE 20MG) #60: Upheld

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

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

Decision rationale: This injured worker has chronic back and knee pain with limitations in range of motion and pain noted on physical examination. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including Naproxen. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS Chronic Pain Guidelines, this would include those with: 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). The records do not support that the patient is at high risk of gastrointestinal events to justify the medical necessity of Omeprazole. The request is not medically necessary and appropriate.

DURABLE MEDICAL EQUIPMENT- LUMBAR SUPPORT FOR LOWER BACK PAIN:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

Decision rationale: This injured worker has complaints of back and extremity pain. Per the ACOEM Guidelines, the use of back belts as lumbar supports should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The medical records provided for review do not substantiate the medical necessity for a lumbar support for this injury from 2009. The request is not medically necessary and appropriate.