MAXIMUS Federal Services

Case Number:	CM14-0001281		
Date Assigned:	01/22/2014	Date of Injury:	05/04/2012
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 46-year-old female who has submitted a claim for bilateral knee medial meniscal tear, and left knee patellar tendinitis; associated from an industrial injury date of 05/04/2012. Medical records from 01/10/2013 to 12/05/2013 were reviewed and showed that patient complained of persistent flare-ups of bilateral knee pain, graded 8/10, aggravated by cold weather changes and stair climbing. Physical examination showed bilateral tenderness over the medial joint line regions, left worse than right. Effusion was noted in the left knee; McMurray's test was positive in the left knee. There was bilateral limitation of range of movement. An MRI of both knees, dated 08/21/2012, showed bilateral knee medial meniscal tear with chondromalacia in the patella, left knee; and bilateral medial femoral condyle chondromalacia. Treatment to date has included Naproxen, Ibuprofen, Norco, Prilosec, Cymbalta, Zanax, and physical therapy. Utilization review, dated 12/17/2013, denied the request for Prilosec because the patient had no current NSAID use, and there were no gastrointestinal symptoms or diagnosis; and modified the request for Norco because guidelines supported its short-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #100 REFILLS 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26 Page(s): 78.

Decision rationale: Page 78 of the Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco since September 2013. However, there is worsening of pain. Moreover, functional improvements in activities of daily living were not documented. Finally, there was no documented drug monitoring. Therefore, the request for Norco 10/325mg #100 refills 3 is not medically necessary.

PRILOSEC 20MG #30 REFILLS 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: GI SYMPTOMS AND CARDIOVASCULAR RISK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 64 to 65 of the Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient has been on Prilosec since 09/26/2013. However, the medical records reviewed show that the patient is not at risk for a gastrointestinal event as the abovementioned criteria have not been met. Therefore, the request for Prilosec 20mg #30 refills 3 is not medically necessary.