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| Case Number: | CM14-0103185 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 04/27/2014 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 Occupational Medicine, 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:

According to the available reports, this patient is a 43-year-old male who fell at work on 4/27/14 injuring his knee and low back. There are reports that the patient presented to the Emergency Department twice, on initial date of injury and 10 days later, radiographs were taken and he was given a knee immobilizer. He was given prescription ibuprofen, Norco and Flexeril. He was seen by the orthopedist on 5/29/14 for initial evaluation with subjective complaints of pain in the lower back and right knee. In the back there is tenderness, painful heel toe walking. There was limited range of motion with spasms and pain. Diagnosis was lumbar sacral radiculopathy and advanced osteoarthritis of the right knee. The report indicates patient was seen twice at the Emergency Department and had not received any other treatment. He had not worked since April 27, 2014. Treatment plan was for medications, MRI of the lumbar spine, neurologic testing of the lower extremities and an MRI of the knee. At the time of request, this injury was about one month old and still acute. There is no mention of any history of upper gastrointestinal illnesses in the past or any current upper gastrointestinal symptoms. He was taking Norco and ibuprofen with no complaints of any side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg qty #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Part 2 Page(s): 68.

Decision rationale: This is an anti-inflammatory drug, Naprosyn, which can cause gastrointestinal side effects. The MTUS guidelines only support use of omeprazole for prophylaxis when there are increased risk factors for gastrointestinal side effects. The patient is less than 65. There is no history of peptic ulcer, GI bleeding or perforation. There is no concurrent use of ASA, corticosteroids, and/or an anticoagulant. There is no use of high dose/multiple NSAID. There is no mention of any gastrointestinal illness that would require treatment. Therefore, there is no medical necessity for this medication based upon the evidence and the guidelines.

Terocin patch qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: In the treatment of acute injuries such as this, ACOEM does not support topical medications. The report does not provide any rationale for why this patient would require this topical patch, which contains menthol and lidocaine. Therefore, based on the evidence and the guidelines, this is not medically necessary.