

Case Number:	CM14-0014393		
Date Assigned:	02/28/2014	Date of Injury:	11/29/2010
Decision Date:	08/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 28-year-old was reportedly injured on November 29, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 15, 2014, indicates that there are ongoing complaints of pain and decreased range of motion of the left knee and low back pain radiating to the left lower extremity. Current medications include Norco, Anaprox, Fexmid, Topamax, and MS Contin. These medications are stated to help the injured employee function on a daily basis. The physical examination demonstrated tenderness of the lumbar paraspinal musculature with increased muscular rigidity and multiple trigger points. There was decreased range of motion of the lumbar spine. And a positive straight leg raise test. Decreased sensation was noted at the posterior lateral thigh and lateral calf bilaterally. Examination of the left knee noted tenderness along the medial and lateral joint lines. There was crepitus with range of motion and generalized soft tissue swelling. There were no signs of ligamentous laxity. An MRI of the left knee noted tears of the posterior horn of the medial and lateral meniscus. Previous treatment includes a left knee arthroscopy and postoperative physical therapy and a lumbar spine fusion at L5 - S1 performed on May 23, 2012. A request had been made for Anaprox and Prilosec and was not certified in the pre-authorization process on January 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amaprox DS 550 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of anti-inflammatories as a first-line agent for the management of chronic pain. The injured employee stated to have chronic low back pain as well as knee pain and this medication is specifically stated to help him improve his function and participate in activities of daily living. Based on the clinical documentation provided, the request for Amaprox DS 550 mg, sixty count, is medically necessary and appropriate.

Prilosec 20 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the most recent progress dated January 15, 2014, performed since the prior utilization management review, the injured employee is stated to have multiple gastrointestinal risk factors and is currently prescribed Anaprox. For this reason, the request for Prilosec 20 mg, sixty count, is medically necessary and appropriate.