

<b>Case Number:</b>	CM14-0117110		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Internal 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:

The injured worker is a 69 year old male who suffered an industrial injury on March 11 2013. The mechanism of injury is not described. His diagnoses included knee internal derangement with traumatic osteoarthritis and lumbar sprain and strain with L3-L4 disk protrusion to 4.8 mm. His examination revealed lumbar spinal tenderness along with limited range of motion. Examination of the knee revealed limited range of motion along with crepitus and tenderness along the joint lines. The patient was prescribed Naproxen for pain relief. X ray of the knee revealed tricompartmental osteoarthritis and osteopenia. Other treatments included off-loading brace and Synvisc injections, as recommended by the Qualified Medical Examination (QME).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, Chronic Pain Treatment Guidelines LOW BACK PAIN (CHRONIC) Page(s): 12.

**Decision rationale:** The injured worker has radiographic and clinical evidence of osteoarthritis of the knee. According to the ACOEM, adopted by the MTUS, NSAID are recommended agents

for addressing knee symptoms and complaints. Further, these agents are recommended for chronic persistent pain and chronic radicular pain. The patient has evidence of chronic pain since date of injury of 2013, well past the expected date of healing, therefore, qualifying him for the diagnosis of chronic persistent pain. He also has evidence of radiation of back pain in to the lower extremity and imaging evidence of disk herniation at L3 - L4. Therefore, he also has criteria establishing radicular pain. As such, NSAID would constitute an important part of the strategy to treat this patient's pain. The CA MTUS guidelines also recommend NSAIDs for management of chronic low back pain. Therefore, the request is appropriate and medically necessary.

**Omeprazole 20mg #90:** Overturned

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

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

**Decision rationale:** The injured worker is a 68 year old male with chronic high dose NSAIDs therapy. As such, his gastrointestinal (GI) risk of NSAID related dyspepsia and ulceration is intermediate to high and a gastro-protective strategy is recommended. Therefore, the request for omeprazole is medically necessary, as this is a well-established strategy for managing gastric risk of ulceration with NSAIDs.