MAXIMUS Federal Services

Case Number:	CM14-0139924		
Date Assigned:	09/08/2014	Date of Injury:	09/24/2013
Decision Date:	09/30/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 patient is a 28 year old female probation correction officer with a date of injury of 09/24/2013. There were two use of force episodes that day, the second one resulting on slipping and falling on her knee on a wet concrete floor. On 01/10/2014 she had neck pain and bilateral shoulder pain. The low back pain radiated to both lower extremities. She had constant left knee pain. She was taking Motrin and Prilosec. On 05/07/2014 she had a left lateral arthroscopic meniscectomy. On 05/16/2014 it was noted that she had a new injury. The day before she was a driver in a MVA. She was taking Ibuprofen and omeprazole. Neck pain and back pain were worse and she had a headache. Flubriprofen/Ranitidine was requested. On the 08/25/2014 review she had a listed diagnosis of cervical sprain with radiculitis and lumbar strain with radiculitis. Ibuprofen was requested and was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: MTUS chronic pain, NSAIDS for back pain noted that NSAIDS are no more effective than acetaminophen and that acetaminophen has fewer side effects. The request for ibuprofen was denied. There is no documentation of peptic ulcer disease, GI bleed, taking anticoagulants or having a high risk of bleeding. She already had the left knee surgery and the knee pain is improved. There is no documentation of a FDA approved indication for omeprazole. Continued use of Omeprazole is not consistent with MTUS guidelines. The request is not medically necessary.

Hydrocodone/Acetaminophen 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The major injury was her left knee and the left knee pain has improved with surgery on 05/07/2014. There is no documented indication for opioids. MTUS notes that analgesia for back pain may not be sustained over time. For chronic back pain opioids appear effective but are limited for short term pain relief. Long term efficacy greater than 16 weeks is unclear but also appears limited. Also, opioids are associated with major side effects. Up to one fourth of patients taking opioids exhibit aberrant medication taking behavior. In patients taking opioids for back pain, the prevalence of substance use disorders has ranged from 36% to 56%. MTUS notes that, "there is no evidence that opioids showed long term benefit or improvement in function when used as treatment for chronic back pain." She was not initially treated with opioids and there is no documentation that she is worse. The request is not medically necessary.

Ibuprofen 800mg #100: Upheld

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

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

Decision rationale: MTUS Chronic Pain, NSAIDS back pain - chronic low back pain notes that NSAIDS are recommended for short term symptomatic relief. The injiry occurred a year ago and short term treatment is no longer present. NSAIDS are no more effective than acetaminophen and acetaminophen has fewer adverse effects. Furthermore NSAIDS may delay healing in all soft tissues - muscles, ligaments, tendons and cartilage. The request is not medically necessary.