

Case Number:	CM14-0141037		
Date Assigned:	09/10/2014	Date of Injury:	07/20/2012
Decision Date:	11/04/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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, Pulmonary Disease, and is licensed to practice in California, Florida, and 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 injured worker is a 40-year-old female with a reported injury on 07/20/2012. The mechanism of injury was a slip and fall from the steps of a big truck. The injured worker's diagnoses included status post right knee arthroscopy and total synovectomy, adhesive capsulitis of the right knee, status post manipulation under anesthesia and surgery, and mild left knee pain. The injured worker's past treatments included medications, physical therapy, and a cooling unit. The injured worker's previous diagnostic testing included right knee x-rays on 01/13/2014 which revealed the overall osseous density was normal, the medial and lateral joint compartments were well maintained, there was no sign of fracture or dislocation, and there was no calcification of the soft tissue. An MRI of the right knee dated 01/24/2014 showed no evidence for ligamentous rupture or meniscal tear. The injured worker's surgical history included an unspecified right knee surgery on 01/03/2013, and an arthroscopic right knee surgery with partial medial and lateral meniscectomy and resection of a medial scar on 11/01/2013. The injured worker was evaluated on 06/02/2014 for complaints of right knee pain with popping and giving out. She indicated that the knee brace caused pain to the inner part of her knee. The injured worker reported that she was attending physical therapy twice per week which was helping with flexibility. The clinician observed and reported that the right knee extension was 160 degrees. The injured worker's medications included Tylenol with Codeine, naproxen 550 mg twice per day, and omeprazole. The request was for omeprazole 10 mg/flurbiprofen 100 mg, #90. No rationale for this request was provided. The Request for Authorization form was submitted on 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 10mg/Flurbiprofen 100mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen and NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter: Compound Drugs and Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, . Page(s): (s) 68-69..

Decision rationale: The request for Omeprazole 10mg/Flurbiprofen 100mg, #90, is not medically necessary. The injured worker did continue to complain of pain in her right knee status post surgery. There were no gastrointestinal complaints documented nor was there a gastrointestinal diagnosis provided. The California MTUS Chronic Pain Medical Treatment Guidelines only recommend proton pump inhibitors with patients who are taking nonsteroidal anti-inflammatories and who have intermediate to high risk for gastrointestinal events. To determine if the patient is at risk for gastrointestinal events, consideration would be made for age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and an anticoagulant, or high dose multiple nonsteroidal anti-inflammatory drugs. The provided documentation failed to meet the evidence based guidelines for the request for the proton pump inhibitor. The CA MTUS/ACOEM guidelines do not specifically address combination oral medications. The Official Disability Guidelines state that compound drugs are not recommended as a first line therapy. Nonsteroidal anti-inflammatories and proton pump inhibitors are available separately in generic form. Therefore, the request for Omeprazole 10 mg/Flurbiprofen 100 mg, #90, is not medically necessary.