MAXIMUS Federal Services

Case Number:	CM14-0161828		
Date Assigned:	10/14/2014	Date of Injury:	04/11/2011
Decision Date:	12/04/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/02/2014

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, 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 patient is an injured worker with the diagnoses of lumbosacral pain with sciatica and left knee pain. Date of injury was 04-11-2011. Mechanism of injury was slip and fall resulting in left knee injury. Arthroscopic knee surgery was performed in 2007. The patient's back injury resulted from lifting. MRI magnetic resonance imaging of the lumbosacral spine dated 8/9/13 noted L3-4 and L4-5 disc protrusions. Primary treating physician's progress report October 02, 2014 documented an interim history. Patient had an acute exacerbation of his lower back pain. He felt an ache a few nights ago and it worsened to the point where he couldn't get out of bed. The stiffness in his lower back has radiated upwards towards his neck. He would benefit from a course of chiropractic care to improve his range of motion and reduce his pain. He continues to take medications for the pain. Physical examination was documented. Lumbar spine paravertebral muscles are tender. Spasm is present. Range of motion is restricted. Straight-leg-raising test is positive on the left. Motor strength and sensation is grossly intact. Deep tendon reflexes are normal and symmetrical. Well-healed arthroscopic portal hole about the left knee. Bilateral medial collateral ligaments are tender to palpation. McMurray's test is positive bilaterally. The patient has a history of anterior cruciate ligament disorder. Chiropractic care was requested for the patient's acute exacerbation of lower back pain. Medications were Ketoprofen, Omeprazole, Zolpidem, and Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 308, 338.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for back and knee conditions. Medical records document the diagnoses of lumbosacral pain with sciatica and left knee pain. Arthroscopic knee surgery was performed in 2007. MRI magnetic resonance imaging of the lumbosacral spine dated 8/9/13 noted L3-4 and L4-5 disc protrusions. The progress report dated October 02, 2014 documented an acute exacerbation of lower back pain. ACOEM guidelines support the use of Ketoprofen, which is an NSAID, for the patient's back and knee conditions. Therefore, the request for Ketoprofen 75mg #60 with 2 refills is medically necessary.

Omeprazole DR 20mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the long-term prescription of Ketoprofen, which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole DR 20mg #30 with 2 refillsis medically necessary.