

<b>Case Number:</b>	CM14-0020574		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 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 48-year-old male who reported an injury on 01/10/2013 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/23/2014, the injured worker was post-op ACL repair with meniscectomy of the left knee. It was noted that the injured worker complained of painful pop to the post region of his knee with full flexion, and especially when performing squats while exercising. Prior treatments included physical therapy and prescribed medications and home exercise. The injured worker's prescribed medications included Naproxen 500 mg tablets. The diagnoses included sprain/strain of unspecified site of knee and leg. The treatment plan included the prescription of Tylenol 650 mg and Omeprazole 20 mg. A request for continuation of physical therapy was also submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20 MG #30 REFILLS 2:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that to determine if the injured worker is at risk for gastrointestinal events, the following criteria should be evaluated: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g. NSAID and low dose ASA). In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status and side effects due to medication use. There is also a lack of documentation of the injured worker stating gastrointestinal issues or a history of peptic ulcer, GI bleeding, or perforation. Therefore, the request is not medically necessary and appropriate.

**TYLENOL 650 MG ER #90 REFILLS 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case by case basis. The side effect profile of NSAIDs may have been minimized in systematic review due to short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. Acetaminophen is recommended as an initial treatment for mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular, and renovascular risk factors. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with and without the use of pain medications. There is also a lack of documentation of a physical examination to include pain with range of motion. Therefore, the request is not medically necessary and appropriate.