

Case Number:	CM14-0028490		
Date Assigned:	06/13/2014	Date of Injury:	08/15/2011
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/04/2014

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, has a subspecialty in Interventional Spine 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 a 48-year-old male with a date of injury of 08/15/2011. The listed diagnosis per [REDACTED] is right knee tendinitis/bursitis. According to progress report 01/23/2014 by [REDACTED], the patient presents with continued complaint of right knee pain with catching, locking, and sensation of giving way. He has been seen by the AME and has been declared permanent and stationary. Examination revealed patellar crepitus on flexion and extension of the knee and tenderness noted at the medial joint line. The treating physician notes "his medications will be refilled today as they are providing him with pain relief and improving his functional status." The request is for omeprazole 20 mg #90, nabumetone 75 mg #100, and Terocin patches #1 box. Utilization review denied the request on 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #90: Upheld

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

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

Decision rationale: This patient presents with continued complaints of right knee pain with catching, locking, and sensation of giving way. The treating physician is requesting a refill of omeprazole 20 mg #90. The Chronic Pain Medical Treatment Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." Chronic Pain Medical Treatment Guidelines recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This patient has been prescribed Nabumetone and omeprazole concurrently since at least 04/18/2013. Review of subsequent progress reports does not provide any discussion of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. The treating physician does not mention why the patient is being prescribed omeprazole. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Therefore the request is not medically necessary.

NABUMETONE 75MG #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Chronic pain MTUS Page(s): 22.

Decision rationale: This patient presents with continued complaints of right knee pain with catching, locking, and sensation of giving way. The treating physician is requesting a refill of nabumetone 75 mg #100. Utilization review denied the request stating this medication is not intended for long term use. For antiinflammatory medication, the Chronic Pain Medical Treatment Guidelines page 22 states "antiinflammatories are the traditional line of treatment to reduce pain so activity of functional restoration can resume, but long term use may not be warranted." On 10/30/2013, treater noted pain is well controlled with present pharmacological regimen which includes Nabumetone. Report 1/23/2014 notes "no side effects" with medications and on 02/21/2013 he noted medications are "providing him with pain relief and improving his functional status." This patient has been taking Nabumetone since at least 02/21/2013 with noted benefits. Therefore the request is medically necessary.

TEROCIN PATCH #1 BOX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) page(s) 56, 67, Lidocaine, page 112 Page(s): 56-57, 112.

Decision rationale: This patient presents with continued complaints of right knee pain with catching, locking, and a sensation of giving way. The treating physician is requesting refill of Terocin patch #1 box. Terocin patches contain salicylate, capsaicin, menthol, and lidocaine.

The Chronic Pain Medical Treatment Guidelines page 112 states under lidocaine state, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. "In this case, the patient does not present with any neuropathic pain for which this medication is indicated. Therefore the request is not medically necessary.