

Case Number:	CM14-0031703		
Date Assigned:	06/20/2014	Date of Injury:	08/02/2011
Decision Date:	07/24/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/12/2014

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 Pain Medicine and is licensed to practice in Texas. 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 47 year old male who sustained work related injuries on 08/02/11 the records reflected apparent injuries to both the left and right knees as the result of workplace event. The injured worker underwent arthroscopic treatment to both left and right knees. Magnetic resonance imaging dated 10/12 reflected partial medial meniscus tear. There appeared to have been an intervening injury involving the right knee. The injured worker was taken to surgery and subsequently released on 01/08/14. There is a reference to a back injury. However, the submitted clinical records pertained to both the right and left knees. There was no information regarding this injury. It would appear that these medications had been prescribed for this condition as claimant had been released in regards to his knee. A utilization review determination dated 03/04/14 non-certified the requests for Naprosyn 550mg, omeprazole 20mg #100, Fexmid 7.5mg #90, and gabapentin 600mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: The request for Naprosyn 550mg is recommended as medically necessary. Records indicate that the claimant has undergone multiple knee surgeries for which the continued use of Naprosyn would be clinically indicated.

Omperazole 20mg #100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for omeprazole 20mg #100 is recommended as medically necessary. The submitted clinical records indicate that the claimant will most likely chronically be on anti-inflammatory medications. As such the use of omeprazole 20mg is recommended as medically necessary due to the detrimental effects of chronic non-steroidal anti-inflammatory drugs use. As such medical necessity is established.

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for Fexmid 7.5mg #90 is not supported as medically necessary. The clinical records provide absolutely no data establishing that the claimant has myospasm for which this medication would be indicated as such the medical necessity for the use of this medication is not established.

Gapapentin 600mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 16-22.

Decision rationale: The request for gabapentin 600mg #100 is not medically necessary. The submitted clinical records provide absolutely no data establishing the injured worker has evidence of neuropathic pain as such this medication is not established as medically necessary.