

Case Number:	CM14-0037773		
Date Assigned:	06/25/2014	Date of Injury:	09/09/2012
Decision Date:	08/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/31/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, earlier knee surgery, unspecified amounts of physical therapy, and NSAID therapy. In a Utilization Review report dated March 10, 2014, the claims administrator partially certified a request for Ibuprofen while denying a request for Omeprazole outright. The applicant's attorney subsequently appealed. In an October 8, 2013 progress note, the applicant was described as status post knee arthroscopy on June 15, 2013. Persistent complaints of 3-6/10 knee pain were reported. The applicant was given work restrictions. It did not appear that the applicant was working with said limitations in place. There was no mention of medication efficacy incorporated in the progress note. On November 20, 2013, the applicant again presented with persistent complaints of 6/10 knee pain. The applicant was dragging her knee. The applicant was having issues with knee instability, it was acknowledged. The applicant had apparently fallen, it was further stated. Repeat MRI imaging of the knee and a knee brace were sought. Work restrictions were endorsed. On February 19, 2014, the applicant again presented with persistent complaints of knee pain, 4/10, with associated pain, popping, locking, and instability. The applicant had apparently had another recent fall, it was suggested. Physical therapy, Motrin, and Prilosec were sought. It was stated that Prilosec was being employed for gastric protective purposes as opposed to for actual symptoms of dyspepsia. Authorization for a knee corticosteroid injection was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 22, Antiinflammatory Medications topic.2. MTUS page 7.3. MTUS 9792.20f. Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic knee pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, no discussion of medication efficacy has been incorporated in the attending provider's choice of recommendations. The applicant is seemingly off of work. The applicant continues to report ongoing complaints of knee pain, clicking, popping, and instability, despite ongoing usage of ibuprofen. The attending provider has not outlined how ongoing usage of ibuprofen has generated functional improvement in terms of parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 68, NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 68.

Decision rationale: The attending provider has indicated that Omeprazole is being employed for gastric protective purposes here. However, as noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic use of proton pump inhibitors is indicated in applicants who are aged 65 years of age or greater and/or using NSAIDs, have a history of peptic ulcer disease, GI bleeding or perforation, and/or using NSAIDs, and/or using multiple NSAIDs or NSAIDs in conjunction with corticosteroids. In this case, however, none of the aforementioned criteria have been met. The applicant is less than 65 (aged 51). The applicant is not using multiple NSAIDs. The applicant is not using NSAIDs in conjunction with corticosteroids. The applicant does not have a clear history of GI bleeding or peptic ulcer disease. Therefore, the request for Omeprazole is not medically necessary.