

<b>Case Number:</b>	CM14-0043131		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/10/2003
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 patient is a 45 year old female with date of injury 7/10/03. The treating physician report dated 3/21/14 indicates that the patient presents with pain affecting the knees bilaterally with increased pain affecting the right knee. The treating physician notes that the patient has advanced arthritis of the knees and is awaiting the electrostimulator to strengthen her quadriceps muscles. Prior treatments have included at least 11 Toradol injections, 2 synvisc injections, long term NSAID use, trial of opioids, knee braces and physical therapy. Evaluation by orthopedist, said that she was too young for knee replacement at this time. The current diagnoses are: 1. Left knee Patella Femoral Syndrome. 2. Left knee Contusion. 3. Right knee strain. The utilization review report dated 4/1/14 denied the request for Ibuprofen and Omeprazole based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Ibuprofen 600mg, # 60, with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drug.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-

inflammatory drugs), pages 67-73, 60-61, 22, 8.

**Decision rationale:** The patient presents with chronic bilateral knee pain. The current request is for Ibuprofen 600mg, # 60, with 3 refills. Review of the 138 pages provided includes 9 treating physician reports dated from 9/11/13 through 3/21/14. The treating physician states, "The patient was given a prescription for Omeprazole 20mg one daily, #30 and Ibuprofen 600mg twice a day as needed for pain #60, refill x 3." There is no information in any of the reports provided to indicate the patient's response to previous usage of Ibuprofen. The MTUS guidelines state that NSAIDs are recommended for the treatment of osteoarthritis. MTUS on page 8 states, "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." In this case, the treating physician has continued to prescribe NSAIDs month after month with no documentation of the patient's response to treatment and MTUS page 60 states that a record of pain and function with the medication should be recorded. Therefore, the request for Ibuprofen 600mg, # 60, with 3 refills is not medically necessary.

**Prospective request for 1 prescription of Omeprazole 20mg, #30, with three refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), pages 67-69.

**Decision rationale:** The patient presents with chronic bilateral knee pain. The current request is for Omeprazole 20mg, #30, with three refills. In reviewing, the treating physician reports submitted for review there is no documentation of any dyspepsia or any G/I issues. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. ODG (Official Disability Guidelines) also states that PPIs are recommended for patients at risk for gastrointestinal events. The treating physician in this case has not documented that the patient has any G/I symptoms that require an H2 receptor antagonist or a PPI. Therefore, the request for Omeprazole 20mg, #30, with three refills is not medically necessary.