

Case Number:	CM14-0046907		
Date Assigned:	06/20/2014	Date of Injury:	09/01/1999
Decision Date:	07/24/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 Nevada. 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 46 year-old individual who was reportedly injured on September 1, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 5, 2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination did not provide any information. Diagnostic imaging studies were not reported. Previous treatment includes total knee arthroplasty. A request made for Naproxen and omeprazole was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 66 & 73 of 127 Page(s): 66 & 73 of 127.

Decision rationale: The indication for indefinite use of Naprosyn, a non-steroidal anti-inflammatory preparation, is the relief of symptomology. Based on the very limited progress note presented for review, there is no objectification of any efficacy or utility for this preparation.

Furthermore, noting a total knee arthroplasty, the date of injury and that there are some side effects relative to gastrointestinal distress, these are each indicators not to continue this medication. Therefore, this is not medically necessary.

Omeprazole 20mg #60: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68 of 127 Page(s): 68 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. However, as presented continued use of non-steroidal medications is not medically necessary. Additionally, the injured worker does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, the use of this medication is not medically necessary.