MAXIMUS Federal Services

Case Number:	CM14-0064684		
Date Assigned:	07/11/2014	Date of Injury:	10/03/2011
Decision Date:	09/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

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 Family 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:

This is a 40-year-old who reported an industrial injury to the left knee on October 3, 2011, almost 3 years ago, attributed to the performance of his usual and customary job tasks reported as walking up the stairs and feeling his left knee give out. The patient subsequently underwent left knee arthroscopy with debridement, meniscectomy, chondroplasty and received postoperative rehabilitation physical therapy. The patient was diagnosed with a mild sprain of the medial collateral ligament and intrasubstance meniscus degeneration with no surfacing meniscal tear. The patient complained of continued left knee pain and received a corticosteroid injection to the knee on 4/8/2014. The patient was given work restrictions by the orthopedic surgeon. The objective findings on examination included left knee pain with full extension and limited flexion; pain to medial aspect left knee; TTP to the bursa; positive crepitus; sensation intact. The patient was prescribed Vicodin 5/300 mg #30; Anaprox 550 mg #60; omeprazole 20 mg #60. A left knee hinged brace was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged knee brace for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter--knee brace.

Decision rationale: The provider has not demonstrated the medical necessity of a hinged knee brace to the left knee with no documented objective findings consistent with knee instability. The orthopedic examination documented no objective finding on examination and documented no instability to the knee. The patient is noted to have no instability on examination. There is no demonstrated instability to the knee that would require bracing s/p partial medial meniscectomy. There is no demonstrated medical necessity for the prescribed knee brace and no supporting objective evidence documented by the requesting physician to demonstrate medical necessity or to override the recommendations of evidence based guidelines. The clinical documentation provided does not provide a rationale to support the medical necessity of the prescribed knee brace for the effects of the industrial injury. The prescribed knee brace for subjective pain complaints is not demonstrated to be medically necessary when there is no swelling or demonstrated instability with full range of motion in extension and reported decreased flexion.The criteria recommended by the CA MTUS are not documented in the medical record to support the medial necessity of the requested hinged knee brace. The objective findings documented do not meet the criteria established or recommended by the CA MTUS. The objective findings documented were not documented and were inconsistent with instability as no laxity was demonstrated. Therefore, the request for a hinged knee brace for the left knee is not medically necessary or appropriate.

Omeprazole 20 mg sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain and NSAIDs.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestional symptoms states; "Determine if the patient is at risk for gastrointestional events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestional prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with Naproxen. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is not documented to be taking NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it

is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole 20 mg #60. There is no documented functional improvement with the prescribed omeprazole. Therefore, the request for Omeprazole 20 mg sixty count is not medically necessary or appropriate.