

Case Number:	CM14-0087351		
Date Assigned:	07/23/2014	Date of Injury:	11/08/2012
Decision Date:	09/08/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/10/2014

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 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:

The 52 year old male claimant sustained a work injury on 11/8/12 involving the knees, neck and back. He was diagnosed with degenerative disc disease and internal derangement of the knees. An MRI of the right knee indicated a meniscal injury and the claimant underwent arthroscopic surgery. He had also undergone physical therapy. A progress note on 4/2/14 indicated the claimant had continued knee pain with buckling and reduced range of motion. Straight leg raise was positive and claimant was continued on Naproxen for pain. There was a history of stomach upset with NSAID use and Omeprazole was prescribed for GI symptoms. The back and neck pain developed headaches and nausea for which the claimant had been given Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition: Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and pg68 Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antiemetics Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: According to the ODG guidelines Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. The claimant does not have cancer or a history of recent surgery. The Zofran use requested is not medically necessary.

Naproxen Sodium Tabs 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guideline: Pain Chapter, Online Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and pg 68-73 Page(s): 68-73.

Decision rationale: According to the MTUS guidelines, NSAID (Naproxen) is recommended at the lowest dose for the shortest period for patients with moderate or severe pain in cases of chronic back pain and osteoarthritis. NSAIDs such as Naproxen are not superior to acetaminophen. There is inconsistent evidence for long-term use for neuropathic pain. The prolonged use of NSAIDs can also delay healing of soft tissues, muscles, ligaments, tendons and cartilage. For acute exacerbations of low back pain it is second line to acetaminophen. Acetaminophens may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In this case, the claimant had persistent pain while on NSAIDs. There were already gastrointestinal concerns. Failure of Tylenol was not noted. Therefore the use of Naproxen is not medically necessary.