

Case Number:	CM14-0103991		
Date Assigned:	07/30/2014	Date of Injury:	10/29/2009
Decision Date:	12/03/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56 year old female who sustained an industrial injury October 29, 2009. Past history included status post right knee arthroscopic medial and lateral meniscectomies with abrasion chondroplasty tricompartmental November 2010 and status post right wrist arthroscopy with debridement and repair of tear. Past treatments included Orthovisc and cortisone injections, 8 sessions of chiropractic treatment, which did not provide relief and a treating physician's noted April 17, 2014, she had a bariatric consult and continues to look for a surgeon (5'6" and 260 pounds). According to a primary treating physician's progress report dated May 8, 2014, the injured worker presented with persistent pain complaints of the right knee, hip and ankle, rated 6 out of 10. She also reports low back pain rated 6 out of 10 with radiation down her right leg to her knee. She previously underwent 20 sessions of acupuncture with relief and would like to return to this therapy. Current medication included Tramadol decreasing her pain from 6 out of 10 to 3-4 out of 10 and Prilosec. She continues to walk as tolerated but is having episodes of urinary leakage when rising from a seated position. She also reports some constipation but is slowly resolving. Objective findings included; right knee-negative Lachman's stable to varus and valgus at 0 and 30 degrees; right ankle-tenderness medially, negative drawer sign; right hip-positive FAVER, Fortin and positive compression and distraction tests; injection site well healed, no sign of infection. The physician noted a lab med panel performed June 2013, revealed normal renal and hepatic function. Diagnoses are status post right knee arthroscopic surgery; chronic pain; right sacroiliac dysfunction. At issue, is a request for authorization dated May 8, 2014, for Omeprazole and 10 kidney and liver function tests. According to utilization review dated June 13, 2014, the request for Tramadol ER 150mg #60 is certified. The requests for Omeprazole 20mg #60, CBC, and 10 kidney and liver function tests are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Gerontological Association, Gastroenterology, and 2008 Oct: 123(4):1383-91, 1391.e1-5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg #60 is not medically necessary.

10 Kidney and liver function tests: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states "The examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done." The medical records indicate a normal serum blood work on 6/5/13. The treating physician does not indicate what interval symptomatic changes, physical findings, or medication changes have occurred to necessitate a repeat liver and kidney testing. As such, the request for 10 Kidney and liver function tests is not medically necessary.