

Case Number:	CM14-0149155		
Date Assigned:	09/18/2014	Date of Injury:	11/25/2005
Decision Date:	01/08/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old female with an 11/25/05 date of injury. The injury occurred when she was stepping on a stool and slipped on a wet surface and fell backward, striking the shelves behind her. According to a progress report dated 7/17/14, the patient stated that there has been zero improvement in her left knee and rated it as a 7/10. Her left knee has felt very weak since her injury and complained of trouble lifting her knee and was unable to squat or kneel. Her left knee would stiffen while walking. Her right knee has also started to hurt, due to compensation for her left. Objective findings: limited left knee range of motion, tenderness to palpation over left and right medial joint line. Diagnostic impression: left knee medial meniscus tear status-post medial meniscectomy, left knee osteoarthritis, left knee chondromalacia, right knee medial meniscus tear, right knee osteoarthritis. Treatment to date: medication management, activity modification, Orthovisc injections. A UR decision dated 8/12/14 denied the requests for Ketoprofen and Prilosec. There was no documentation of subjective or objective benefit from the use of Ketoprofen. Long-term use of NSAIDs is not recommended. The documentation provided does not support that any of the guideline supported indications for Prilosec apply in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the present case, there is no documentation of improved activities of daily living or pain reduction with medication use. In fact, the patient reported that there was zero improvement in her pain. Therefore, the request for Ketoprofen 75mg #90 is not medically necessary.

Prilosec 20mg #60 (07/22/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the present case, there is no documentation that this patient has any gastrointestinal complaints. In addition, the medical necessity of the NSAID, ketoprofen, has not been established. As a result, this associated request for prophylaxis from NSAID-induced gastritis cannot be established. Therefore, the request for Prilosec 20mg #60 (07/22/14) is not medically necessary.