

Case Number:	CM14-0187644		
Date Assigned:	11/17/2014	Date of Injury:	04/06/2006
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 female patient with the date of injury of April 6, 2006. A Utilization Review dated October 15, 2014 recommended non-certification of Flurbiprofen/Omeprazole 100mg/10mg, quantity: 90, one capsule 2-3 times a day with 3 refills. A Progress Report dated October 8, 2014 identifies subjective complaints of constant left and right knee pain. There is cracking and popping. The right knee gives out. Medications help with pain and stomach irritation. Objective findings identify crepitus medially, laterally and under patella, right knee. Diagnoses include internal derangement left knee, osteoarthritis left knee, status post arthroscopy right knee in 2006, status post arthroscopy left knee in 2008, tear medial and lateral meniscus right knee, severe osteoarthritis right knee, status post arthroscopy right knee with partial and lateral meniscectomy, injection of Depo-Medrol on 11/30/12, and anterior cruciate ligament tear right knee. Treatment plan identifies Flurbiprofen/Omeprazole 100mg/10mg #90 (Ninety), one capsule 2-3 times daily with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Omeprazole 100mg/10mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Knee.:> Table 2, Summary of recommendations, Knee Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Flurbiprofen, MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In addition, there is no indication as to why these medications cannot be provided separately. In the absence of such documentation, the currently requested Flurbiprofen/Omeprazole 100mg/10mg #90 with 3 refills is not medically necessary.