

Case Number:	CM14-0190673		
Date Assigned:	11/24/2014	Date of Injury:	01/09/2008
Decision Date:	01/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/16/2014

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 Interventional Spine 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 patient is a female with date of injury of 01/09/2008. The listed diagnoses from 10/30/2014 are: Left knee medial compartment degenerative joint disease and moderate patellofemoral compartment degenerative joint disease and chondromalacia. According to this report, the patient's left knee is 80% better after her three Orthovisc shots and does not walk with a limp. In addition, she is performing her home exercise program. Examination shows moderate tenderness over the medial joint line of the left knee. Sensation is intact to with no deficits over the medial and lateral aspect of the knee. The documents include progress reports from 08/11/2014 to 10/13/2014. The utilization review denied the request on 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg # 80: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication Page(s): 22.

Decision rationale: This patient presents with left knee pain. The treating physician is requesting Anaprox 550 mg quantity 80. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The records do not show a history of Anaprox use. The 09/11/2014 report notes that the patient continues to complain of left knee pain with standing, walking, twisting, and pivoting. She has difficulty going up and down the stairs. Examination shows moderate effusion and well-heeled portal sites in the left knee. Tenderness was noted over the medial joint line. Positive McMurray's medially producing pain and clicking as well as positive patella inhibition sign. In this case, given the patient's persistent symptoms, MTUS guidelines support anti-inflammatory medications as first-line treatment. Therefore, this request is medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risks Page(s): 68, 69.

Decision rationale: This patient presents with left knee pain. The treating physician is requesting Prilosec 20 mg quantity 60. The MTUS Guidelines page 68 and 69 on NSAIDs, GI Symptoms, And Cardiovascular Risks 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records do not show a history of Prilosec use. It appears that the treating physician is requesting Prilosec in conjunction with Anaprox. The MTUS Guidelines do not support the routine use of proton pump inhibitors (PPIs) without any discussions of gastrointestinal (GI) events or GI risk assessment. Therefore, this request is not medically necessary.