

Case Number:	CM14-0193009		
Date Assigned:	11/26/2014	Date of Injury:	05/23/2000
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 & 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 54 year old female with an injury date of 05/23/00. Per the 10/16/14 progress report the patient presents with flare-up of left hip and bilateral knee pain rated 10/10 described as constant, aching, and burning with numbness. She also presents with joint pain, muscle weakness and insomnia. The report does not state if the patient is working. Examination reveals diffuse swelling of the left knee with decreased painful range of motion. The patient ambulates slowly and carefully with slightly antalgic gait. The patient's diagnoses include: 1. Derangement medial meniscus, worse 2. Sprain unspecified site of knee and leg, worse Starting medications are listed as Motrin, Omeprazole, Tramadol and Pamelor. The utilization review being challenged is dated 11/03/14. Only one recent report dated 10/16/14 is provided. All prior reports are from 2013 and 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. 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 only recent report provided is dated 10/16/14. The treater states that the patient was last seen on 04/09/13 and that the patient was out of state and has just returned. The patient reports that being off medications has caused an increase in pain and a decrease in activity tolerance. The reports show the patient was prescribed Omeprazole on 04/09/13. Per the 10/16/14 report the treater wishes to restart medications, and is requesting for an NSAID (Motrin). Past reports show the patient discontinued Relafen (an NSAID) and restarted Motrin 03/12/13 due to stomach upset. The treater may be requesting this medication for prophylactic use along with Motrin given the patient's history of dyspepsia with NSAIDs. The request appears reasonable and IS medically necessary.

Motrin 800mg #89: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: The patient presents with left hip and bilateral knee pain rated 10/10. The treater requests for MOTRIN 800 mg #89 (an NSAID) per 10/16/14 report. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The only recent report provided is dated 10/16/14. The treater states that the patient was last seen on 04/09/13 and that the patient was out of state and has just returned. The patient reports that being off medications has caused an increase in pain and a decrease in activity tolerance. The reports show the patient was restarted on Motrin 03/12/13 due to stomach upset with use of Relafen (an NSAID). In this case, the medication is indicated for pain that is present in this patient and the treater is just starting this medication. The request IS medically necessary.