

Case Number:	CM14-0199879		
Date Assigned:	12/10/2014	Date of Injury:	09/09/2013
Decision Date:	03/10/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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: California
 Certification(s)/Specialty: Internal Medicine

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 janitor, who suffered a work related injury on 09/09/2013. She was getting up from a kneeling position and felt a click in her knee, and has a sharp pain. She subsequently fell when her right knee buckled and injured her left ankle. Diagnoses include right knee medial meniscal tear and patellofemoral arthropathy, status post right knee arthroscopic partial medial and lateral meniscectomy and arthroscopic lateral release, on 06/20/2014. Treatment has included medications, physical therapy, and she has used a walker and a cane. A physician progress note dated 11/05/2014 documents the knee is improving with time. She takes Motrin and Prilosec on a regular basis which relieves the effects of her industrial injury and allows her to function at her current level. The requested treatment requested is for Prilosec 20mg 1 every day, # 30, and for Motrin 800mg, 1 three times a day with food, # 100. Utilization Review dated 11/14/2014 non-certified the request for Prilosec 20mg 1 every day, # 30, and for Motrin 800mg, 1 three times a day with food, # 100. Documents cited were not present with Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 PO QD #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The progress report dated November 5, 2014 documented the prescription of Motrin 800 mg. Prilosec was prescribed for NSAID-induced dyspepsia. Medical records document long-term NSAID nonsteroidal anti-inflammatory drug use. NSAID use is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor, such as Omeprazole, in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Prilosec 20 mg #30 is medically necessary.

Motrin 800mg 1 PO TID with Food #100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for knee conditions. The operative report dated June 20, 2014 documented right knee arthroscopic partial medial and lateral meniscectomy and arthroscopic lateral release. The progress report dated November 5, 2014 documented that Motrin provides relief. The patient remains off work. ACOEM guidelines supports the use of Motrin, which is a nonsteroidal anti-inflammatory drugs (NSAID), for knee conditions. Therefore, the request for Motrin 800 mg #100 is medically necessary.