

Case Number:	CM14-0202493		
Date Assigned:	12/15/2014	Date of Injury:	06/01/2012
Decision Date:	01/30/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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 Family Practice and is licensed to practice in North Carolina. 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 51-year-old with a reported injury date of 06/01/2012. The patient has the diagnoses of status post left knee arthroscopy, moderate to severe medial compartment osteoarthritis, knee strain/sprain, patellofemoral arthralgia and bilateral plantar fasciitis. Per the most recent progress notes provided for review from the primary treating physician dated 12/01/2014, the patient had complaints of frequent moderate to severe knee pain. The patient's scheduled knee surgery had been delayed due to an abnormal EKG. The physical exam noted bilateral knee tenderness to palpation, positive McMurray tests, patellofemoral arthralgia, decreased knee range of motion and ambulation with a limp. Treatment plan recommendations included continuation of home exercise, follow up ultrasound studies for the heart and follow up with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines chapter on opioids states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time.(b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required.(c) Only change 1 drug at a time.(d) Prophylactic treatment of constipation should be initiated.The prophylactic treatment of opioid induced constipation is recommended when a patient is on opioid therapy. Per the documentation, the patient has been on intermittent opioid therapy. The requested medication is a commonly used medication in the treatment of constipation. Therefore the request is certified.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID use and proton pump inhibitors (PPI) states: "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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. Recommendations; Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.)Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44).Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no supplied documentation that places this patient at intermediate or severe gastrointestinal risk that would require a use of a PPI with NSAID therapy. The documentation states the medication is prescribed for GI protection for patients > age 65, history of ulcer/GI bleed or concurrent use of ASA. There is no mention of gastrointestinal disease. Therefore per the guidelines, the medication is not indicated and the request is not certified.