

Case Number:	CM14-0208967		
Date Assigned:	12/22/2014	Date of Injury:	12/23/1999
Decision Date:	02/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Pain Medicine 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 injured worker is a 60 year-old male with a date of injury of December 23, 1999. The patient's industrially related diagnoses include bilateral knee osteoarthritis, status post right total knee replacement with residuals, and right knee extension contracture. The disputed issues are Naproxen Sodium #120 and Omeprazole 20mg #120. A utilization review determination on 12/5/2014 had non-certified these requests. The stated rationale for the denial of Naproxen sodium was: "Proceeding with the requested prescription for naproxen is not indicated at this time. Although the patient reported pay relief with its use, he also stated that it caused GI upset. He also reported that he preferred taking Kera-Tek for this reason, which provided the same level of pay relief. As the request for Kera-Tek was recommended certified within this utilization review, the use of naproxen is not necessary." The stated rationale for the denial of omeprazole was: "Proceeding with the requested prescription for omeprazole is not indicated at this time. The patient reported GI upset with oral NSAID use. However, the request for naproxen was recommended non-certified within this utilization review. As such, a PPI is not necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, 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. Within the medical records available for review, the injured worker is diagnosed with osteoarthritis of the knees and there is documentation that Naproxen is providing analgesic benefits. The injured worker reported that Naproxen helps his pain from an 8 down to a 5. Based on such documentation, the currently requested Naproxen sodium 550mg #120 is medically necessary.

Omeprazole 20mg #120: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 68-69.

Decision rationale: Regarding the request for Omeprazole, 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 medical records available for review, there was documentation that the injured worker had complaints of gastrointestinal upset secondary to NSAID use and the injured worker was taking Naproxen at that time. Within this independent medical review, Naproxen was established to be medically necessary. Based on the documentation, the currently requested Omeprazole 20mg #120 is also medically necessary.