

Case Number:	CM14-0211357		
Date Assigned:	12/24/2014	Date of Injury:	05/16/2012
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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 Emergency 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:

Patient with reported date of injury on 5/16/2012. Mechanism of injury was no noted. Patient has a diagnosis of L knee osteoarthritis. Medical reports reviewed. Last report available until 11/13/14. Pt complains of abdominal pains and "wonders if he might have a hernia". Complains of knee pain. Objective exam of L knee reveals antalgic gait, tenderness to joint line, good range of motion with no decreased. Knee is stable, positive McMurray test. Patellofemoral crepitus. Patient has a noted history of heart disease and heart attack. Medications include Viagra, Advair, Prilosec and Percocet. Reportedly using naproxen chronically. Independent Medical Review is for "Omeprazole" and "Naproxen". Prior Utilization Review on 11/25/14 recommended non-certification. It partially certified request for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

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

Decision rationale: UR and progress note states that the request is for Omeprazole 20mg #60. Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is chronically on Naproxen. There are no dyspepsia complaints but some vague complaints of abdominal pain. In UR and this review, continued use of Naproxen is deemed not medically necessary therefore Prilosec/Omeprazole is not medically necessary.

Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

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

Decision rationale: UR and progress note states that the request is for Naproxen 550mg #120. As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patients with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular problems. Patient is on naproxen chronically and the provider does not seem to be monitoring patient for cardiovascular complications. Naproxen is not medically necessary.