

Case Number:	CM15-0101063		
Date Assigned:	06/03/2015	Date of Injury:	11/15/2014
Decision Date:	07/07/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 36 year old male who sustained an industrial injury on 11/15/2014 resulting in right knee pain/injury. The injured worker did not seek immediate medical treatment. The Injured worker was diagnosed with right knee pain with associated low back pain. Treatment provided to date has included: medications (over the counter), chiropractic therapy, right knee injection, and electrical muscle stimulation. Diagnostic tests performed include: x-rays of the right knee (03/20/2015) showing no acute findings; and MRI of the right knee (03/20/2015) showing a horizontal tear through the center of the lateral meniscus body. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 03/07/2015, physician progress report noted complaints of right knee pain. Pain is rated as 6 (0-10) and described. A recent cortisone injection was noted to be helpful with the right knee pain. Additional complaints include low back pain with radiation into the bilateral lower extremities with the right worse than the left. The physical exam revealed tenderness along the lateral and medial aspects of the right knee joint line, negative Valgus and Varus test, and positive McMurrays test. There was no significant physical exam of the lumbar spine noted. The provider noted diagnoses of right knee pain, right knee injury, low back pain and lumbar strain/sprain. Plan of care includes naproxen, omeprazole, Tylenol #3, Lidopro cream, MRI of the lumbar spine, cortisone injection to the right knee, electromyography of the cervical spine, and follow- up. The injured worker was placed on modified duty even though he had been let go from his job. Requested treatments include: naproxen, omeprazole, and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. The patient was approved for Tylenol #3. Naproxen 550 MG #60 is not medically necessary.

Omeprazole 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20 MG #60 is not medically necessary.

MRI of The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction

should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of The Lumbar Spine is not medically necessary.