

<b>Case Number:</b>	CM15-0103405		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: New York  
 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:

The injured worker is a 35 year old male, who sustained an industrial injury on 08/10/2008. He has reported subsequent neck, low back and left knee pain and was diagnosed with discogenic lumbar condition with spondylolisthesis at L5-S1, discogenic cervical condition with radicular component, left knee sprain and chronic pain. X-rays of the left knee showed a 2 mm articular surface on squatted standing views. Treatment to date has included medication, bracing, application of heat and cold and epidural steroid injection. Documentation shows that the injured worker had been prescribed proton pump inhibitor medication (Omeprazole) as far back as 03/15/2010 for stomach upset from medication. In a qualified medical examiner report dated 04/28/2015 objective findings were notable for flexion along the back of 75 degrees and extension is 10 degrees with positive facet loading, tenderness along the lumbosacral area and tenderness of the knee. The injured worker was noted as having been off work since August of 2008. The physician documented that the injured worker could do intermittent sitting, standing and walking but no squatting, kneeling, forceful pushing or pulling. A request for authorization of Aciphex 20 mg #60 and 1 hinged knee orthosis was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Aciphex 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Proton-Pump Inhibitors.

**Decision rationale:** As per CA MTUS guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal (GI) risk factors should be determined. As per MTUS, risk factors for gastrointestinal events include "(1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (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)." As per ODG, PPI's are recommended for patients at risk for GI events and should be used at the lowest dose for the shortest possible amount of time. The risks of long term PPI use must be weighed against the risks including the potential for cardiovascular events. Aciphex should be used as a second-line therapy. The documentation shows that the injured worker was prescribed proton-pump inhibitor medication as far back as 2010 for stomach upset from medication. Aciphex is not recommended as a first line agent and there is no documentation that Omeprazole had been ineffective. There are also no recent abnormal subjective or objective GI examination findings documented. In addition, the injured worker did not have risk factors for GI events as per MTUS guidelines. Therefore, the request for Aciphex is not medically necessary.

**1 hinged knee orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, Knee brace.

**Decision rationale:** As per ACOEM guidelines, knee bracing can be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability but the benefits may be more emotional than medical. ACOEM indicates that usually knee bracing is only necessary if the patient is going to be stressing the knee under load and for the average patient is usually unnecessary. As per ODG, braces need to be used in conjunction with a rehabilitation program and are only necessary if the patient was going to be stressing the knee under load. The documentation submitted shows that the injured worker was diagnosed with a left knee sprain that was mostly patellar in nature and the most recent progress note dated 04/28/2015 noted that there was no instability of the knee. The injured worker was noted to have been off work since 2008 and there was no documentation of a plan to return to work. ACOEM guidelines do not recommend knee bracing in most instances and as per ODG; guidelines should only be used in conjunction with a rehabilitation program. The documentation submitted doesn't indicate that the injured worker would be stressing the knee under load or that the injured worker was actively participating in a rehabilitation program. In addition, there is no other documentation of

extenuating circumstances to support the need for a hinged knee orthosis. Therefore, there is insufficient documentation to support medical necessity and the request for knee orthosis is not medically necessary.