

Case Number:	CM15-0108769		
Date Assigned:	06/15/2015	Date of Injury:	11/01/2011
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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:

This 51 year old man sustained an industrial injury on 11/1/2011. The mechanism of injury is not detailed. Diagnoses include probable right knee lateral meniscal tear, right knee grade IV chondromalacia of the medial femoral condyle and patella, left elbow contusion, and left forearm sprain. Evaluations include right knee MRI dated 4/22/2015 which showed a probable tear of the posterior horn of the lateral meniscus. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 4/30/2015 show the injured worker complained of ongoing bilateral knee pain with the right knee giving way, grinding, and popping. Exam of right knee showed tenderness along the medial and lateral joint line, limited range of motion and positive McMurray's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Naprosyn is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations, it is not medically necessary at this time.

Prilosec 20 mg #330 with 1 refill: Upheld

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

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

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) especially if at high risk of a gastrointestinal (GI) bleed such as age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids or anticoagulants. Since this patient has no risk factors for a GI event and since long-term use of an NSAID is not recommended prophylaxis with a proton pump inhibitor is not recommended. Medical necessity for use of this medication has not been established; therefore, the request is not medically necessary.