MAXIMUS Federal Services

Case Number:	CM15-0109231		
Date Assigned:	06/15/2015	Date of Injury:	04/02/2004
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male, who sustained an industrial injury on 4/2/2004. The current diagnosis is status post bilateral knee arthroscopy. According to the progress report dated 4/27/2015, the injured worker complains of bilateral knee pain with intermittent locking and giving way. He reports increased pain, numbness, and tingling with prolonged sitting. The pain is rated 2-4/10 on a subjective pain scale. Per notes, there is no change in physical examination since his 3/11/2015 visit, which revealed patellofemoral crepitation on range of motion, posteromedial joint line tenderness, and Baker's cyst, bilaterally. The medications prescribed are Tylenol # 3, Naprosyn, and Omeprazole. Treatment to date has included medication management, x-rays, acupuncture, trigger point injections, cortisone injection, and surgical intervention. X-ray from 11/26/2014 was positive for osteoarthritis of the bilateral knees, left greater than right. The plan of care includes prescriptions for Naprosyn and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550 MG #60 with 4 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The patient presents with bilateral knee pain with intermittent locking and giving way. Increased pain, numbness, and tingling with prolonged sitting are reported. The pain is rated 2-4/10 on a subjective pain scale. The current request is for Naprosyn 550 MG #60 with 4 refills. The treating physician states, in a report dated 04/15/15, "I prescribed the patient with "Naprosyn 550 mg b. i. d. #60 with four refills". (213B) The MTUS guidelines state, "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors". In this case, the treating physician has diagnosed this patient with chronic knee pain. The MTUS guidelines support the use of NSAIDs for arthritic pain relief. This patient has been prescribed Naprosyn since at least 05/09/14 and there is no functional improvement documented in the records available for review. Therefore, the current request is not medically necessary.

Omeprazole 20 MG #60 with 4 Refills: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The patient presents with bilateral knee pain with intermittent locking and giving way. Increased pain, numbness, and tingling with prolonged sitting are reported. The pain is rated 2-4/10 on a subjective pain scale. The current request is for Omeprazole 20 MG #60 with 4 refills. The treating physician states, in a report dated 04/15/15, "I prescribed the patient with" Omeprazole 20 mg b. i. d. #60 with four refills". (213B) The MTUS guidelines state, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non- selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1. 44)". In this case, the treating physician, in the records available for review, has failed to document any gastrointestinal events, which would warrant the use of Omeprazole. The current request is not medically necessary.