

Case Number:	CM15-0133517		
Date Assigned:	07/21/2015	Date of Injury:	03/13/2012
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 55 year old female with a March 13, 2012 date of injury. A progress note dated April 27, 2015 documents subjective complaints (worsening left knee pain as well as lower back pain; numbness, tingling, and burning in the left lower extremity; bilateral hip pain), objective findings (spasm of the lumbar paraspinal muscles; tenderness to palpation of the lumbar paraspinal muscles; restricted range of motion of the lumbar spine; tenderness to pressure over the bilateral greater trochanter; tenderness to pressure over the left knee medial joint line), and current diagnoses (lumbar sprain/strain; internal derangement of the knee not otherwise specified). Treatments to date have included aqua therapy that is helping, medications, imaging studies, and physical therapy. The treating physician documented a plan of care that included Naproxen Sodium and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for left knee, bilateral hip, and low back pain. Her past medical history includes diabetes, hypertension, sleep apnea, and tachycardia. Review of systems has been positive for heartburn and stomach ulcers. When seen, there was paraspinal muscle tenderness with spasms and decreased range of motion. There was bilateral greater trochanteric tenderness. There was left knee medial joint line tenderness with decreased range of motion. McMurray's testing was positive. Her BMI was over 42. Naprosyn was prescribed once per day and omeprazole was also being prescribed. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is not consistent with guideline recommendations and is not medically necessary.

Omeprazole delayed release 20mg quantity 30 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for left knee, bilateral hip and low back pain. Her past medical history includes diabetes, hypertension, sleep apnea, and tachycardia. Review of systems has been positive for heartburn and stomach ulcers. When seen, there was paraspinal muscle tenderness with spasms and decreased range of motion. There was bilateral greater trochanteric tenderness. There was left knee medial joint line tenderness with decreased range of motion. McMurray's testing was positive. Her BMI was over 42. Naprosyn was prescribed once per day and omeprazole was also being prescribed. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Naproxen and has a history of gastrointestinal upset. The requested Omeprazole is medically necessary.