

Case Number:	CM15-0141686		
Date Assigned:	07/31/2015	Date of Injury:	04/20/2012
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 (IW) is a 36 year old male who sustained an industrial injury on 4-20-2012. He reported being struck in his left knee by metal rods. The injured worker was diagnosed as having status post open reduction and internal fixation with hardware removal left leg. Treatment to date has included diagnostics, left knee anterior cruciate ligament reconstruction on 12-10-2012, hardware removal of the left tibia on 11-14-2013, physical therapy, chiropractic care, and medications. A history of gastrointestinal complaints and elevated liver enzymes were documented. Currently, the injured worker complains of increased left knee pain and no change in function was noted from his previous examination. His current medication regimen was not noted. He was prescribed Naproxen, Prilosec, and Flurbiprofen cream. A Solar Care FIR heating system was requested, along with a left knee injection. His work status was modified and he was not working. On 6-25-2015, Utilization Review non-certified the requests for Prilosec 20 mg everyday #30, 5 refills, Flurbiprofen cream #1, 5 refills, and Naproxen 550 mg twice a day, #60, 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg everyday #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as Prilosec 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician notes (mainly illegible), the injured worker was to start on naproxen, but it is unclear if he has a history of a peptic ulcer, gastrointestinal bleeding, or perforation. Therefore, he does not meet any of the criteria for being at risk for an intermediate GI event, so the request for Prilosec 20 mg #30 with 5 refills is not medically necessary and appropriate.

Flurbiprofen cream #1 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: The MTUS cited lists Voltaren Gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. Of the non FDA-approved agents, only ketoprofen is listed. In neither case is flurbiprofen topical indicated. In addition, the MTUS states that topical NSAIDs are not recommended for neuropathic pain. In the case of this IW, the treating provider notes available are mainly illegible, and it is not clear whether the use of flurbiprofen cream was for his knee pain, or radiating pain from the low back. However, in either instance, flurbiprofen cream #1 with 5 refills is not medically necessary and appropriate.

Naproxen 550mg twice a day, #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Per the MTUS guidelines cited, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. They are also recommended as an option for short-term symptomatic relief for exacerbations of chronic low back pain. For neuropathic pain, long-term evidence is inconsistent, but they may be useful to treat breakthrough pain. According to the primarily illegible treating physician's notes, the use of naproxen for the IW's chronic knee pain

and chronic radiating low back pain in the acute setting may be reasonable. However, it is not clear from the notes if the IW has used NSAIDs previously and received any reduction in pain or improved function while taking naproxen. Therefore, the request for naproxen 550 mg twice a day #60 with 5 refills is not medically necessary and appropriate.