

Case Number:	CM15-0141698		
Date Assigned:	07/31/2015	Date of Injury:	12/11/2008
Decision Date:	08/28/2015	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: Arizona, California
 Certification(s)/Specialty: 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 is a 51-year-old male who sustained an industrial injury on 12-11-2008. Mechanism of injury was a trip and fall injuring his knee and spine. Diagnoses include osteoarthritis of the right knee, chondromalacia of the patella of the left knee, herniated nucleus pulposus of the cervical spine, herniated nucleus of the lumbar spine and depression. Treatment to date has included diagnostic studies, medications, status post right knee total arthroplasty on 01-24-2014, physical therapy, and use of an H wave unit. A physician progress note dated 05-14-2015 documents the injured worker complains of right knee pain, and cervical and lumbar spine pain. On examination the injured worker limps, and uses a cane with ambulation. He has right knee tibial plateau pain. Cervical spine flexion is restricted. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for Retro Acetaminophen with codeine 300/60 mg #60 with a DOS of 5-14-2015, Retro Ibuprofen 800 mg #60 with a DOS 5-14-2015, and Retro Omeprazole 20 mg #60 with a DOS 5-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20 mg #60 with a dos of 5/14/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. In addition, the continued use of Ibuprofen is not necessary reducing the need for PPI prophylaxis. Therefore, the continued use of Omeprazole on 5/14/15 is not medically necessary.

Retro Ibuprofen 800 mg #60 with a dos of 5/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Ibuprofen for several months. There was no indication of Tylenol failure. Pain scores and response to medication are not known not the need to combine with codeine. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen on 5/14/15 is not medically necessary.

Retro Acetaminophen with codeine 300/60 mg #60 with a dos of 5/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Tylenol with codeine contains is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Codeine for a year without significant improvement in pain or function. There was no mention of Tylenol (alone), need for combination with NSAID or weaning failure. Pain scores and response to medication were not noted. The continued use of Tylenol with codeine on 5/14/15 is not medically necessary.