

Case Number:	CM15-0142607		
Date Assigned:	08/03/2015	Date of Injury:	07/09/2012
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old woman sustained an industrial injury on 7-8-2012. The mechanism of injury is not detailed. Diagnoses include right knee sprain, depression, oblique tear of the posterior horn of the medical meniscus, sprain of the anterior cruciate ligament, lumbar sprain, lumbar radiculitis, and gastritis. Treatment has included oral medications, home exercise program, and surgical intervention. Physician notes dated 6-10-2015 show complaints of right knee pain rated 7-8 out of 10. Recommendations include Fenoprofen, Omeprazole, continue home exercise program, healthy diet, weight reduction, and follow up in four to five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fenoprofen 400mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in a knock at all terms of pain relief. The main concern of selection is based on adverse effects. In this case, the worker's working diagnoses are status post right knee surgery times 2; right knee sprain; depression; oblique tear posterior horn medial meniscus right knee; sprain anterior cruciate ligament; lumbar strain; lumbar radiculitis; and gastritis. The date of injury is July 8, 2012. Request authorization is June 30, 2015. The earliest documentation in the medical record containing Fenoprofen and Omeprazole is dated December 17, 2014. The treating provider prescribed Motrin prior to changing to Fenoprofen. There is no clinical rationale for the change from one nonsteroidal anti-inflammatory drug to another. The injured worker was on Omeprazole, but there was no documentation with comorbid conditions or risk factors for gastrointestinal events. Subjectively, the pain scale was 6-7/10 referencing the right knee. There was no attempt to wean the nonsteroidal anti-inflammatory drugs. According to a June 10, 2015 progress note, the injured worker continued to complain of right knee pain. There was no documentation demonstrating objective functional improvement with ongoing Fenoprofen (since December 2014). Consequently, absent clinical documentation demonstrating objective functional improvement, a clinical rationale for changing Motrin to Fenoprofen and an attempt to wean nonsteroidal anti-inflammatory drugs, Fenoprofen 400mg #60 is not medically necessary.

Omeprazole 20mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the worker's working diagnoses are status post right knee surgery times 2; right knee sprain; depression; oblique tear posterior horn medial meniscus right knee; sprain anterior cruciate ligament; lumbar strain; lumbar radiculitis; and gastritis. The date of injury is July 8, 2012. Request authorization is June 30, 2015. The earliest documentation in the medical record containing Fenoprofen and Omeprazole is dated December 17, 2014. The treating provider prescribed Motrin prior to changing to Fenoprofen. There is no clinical rationale for the change from one nonsteroidal anti-

inflammatory drug to another. The injured worker was on Omeprazole, but there was no documentation with comorbid conditions or risk factors for gastrointestinal events. Subjectively, the pain scale was 6-7/10 referencing the right knee. There was no attempt to wean the nonsteroidal anti-inflammatory drugs. According to a June 10, 2015 progress note, the injured worker continued to complain of right knee pain. There was no documentation demonstrating objective functional improvement with ongoing Omeprazole. There is no clinical indication or rationale for Omeprazole use. As noted above, there are no comorbid conditions or risk factors for G.I. events. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Consequently, absent clinical documentation with a clinical indication and rationale for Omeprazole use and objective functional improvement with Omeprazole use, Omeprazole 20 mg #60 is not medically necessary.