

Case Number:	CM15-0167993		
Date Assigned:	09/11/2015	Date of Injury:	12/15/2014
Decision Date:	10/09/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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:

The injured worker is a 41-year-old male, who sustained an industrial injury on 12-15-2014. The current diagnoses are internal derangement left knee, status post-surgical repair of the anterior cruciate ligament (4-17-2015). According to the progress report dated 6-11-2015, the injured worker presents for follow-up in regards to his left knee. The physical examination of the left knee reveals a well-healed incision. No erythema, cellulitis, or drainage. His motion shows that he lacks 10 degrees of full extension and has pain at 60 degrees of flexion. The current medications are Nabumetone, Tramadol, Tizanidine, and Omeprazole. There is documentation of ongoing treatment with Nabumetone and Omeprazole since at least 3-19-2015. Treatment to date has included medication management, physical therapy, MRI studies, and surgical intervention. The treating physician notes that he cannot return to his usual duties for six weeks. The original utilization review (7-31-2015) had non-certified a request for Nabumetone and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone tab 750mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nabumatone 750mg #60 is not medically necessary. Non-steroidal 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 non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are internal derangement left knee; and status post surgical repair anterior cruciate ligament. Date of injury is December 15, 2014. Request for authorization is July 27, 2015. According to a July 23, 2015 progress note, the injured worker is status post left knee arthroscopy. The treatment plan indicates the treating provider is going to start physical therapy and renew pain medications. A reference is made to non-steroidal anti-inflammatory drugs and muscle relaxants. There are no specific medications listed (by name) in the medical record. There is no documentation indicating duration of non-steroidal anti-inflammatory drugs by name. Based on clinical information the medical record, peer-reviewed evidence-based guidelines and no documentation indicating a current list of medications (specifically by name) in the medical record, Nabumatone 750mg #60 is not medically necessary.

Omeprazole cap 20mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 capsule 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal 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 non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are internal derangement left knee; and status post surgical repair anterior cruciate ligament. Date of injury is December 15, 2014. Request for authorization is July 27, 2015. According to a July 23, 2015 progress note, the injured worker is status post left knee arthroscopy. The treatment plan indicates the treating provider is going to start physical therapy and renew pain medications. A reference is made to non-steroidal anti-inflammatory drugs and muscle relaxants. There are no specific medications listed (by name) in the medical record. There

is no documentation indicating duration of non-steroidal anti-inflammatory drugs by name. There is no documentation indicating the injured worker is taking a proton pump inhibitor. There are no comorbid conditions or risk factors for gastrointestinal events. There is no clinical indication or rationale for proton pump inhibitors documented in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a current list of medications (specifically by name), no documentation of comorbid conditions or risk factors for gastrointestinal events and no clinical indication or rationale for proton pump inhibitors, Omeprazole capsule 20 mg #60 is not medically necessary.