

Case Number:	CM15-0187032		
Date Assigned:	09/29/2015	Date of Injury:	12/19/2005
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 66 year old male, who sustained an industrial injury on December 19, 2005, incurring bilateral knees, back and hand injuries. He was diagnosed with internal derangement of the ankle and foot, and carpal tunnel syndrome. Treatment included surgical interventions of the knees, anti-inflammatory drugs, proton pump inhibitor, physical therapy, aqua therapy, wrist splints, and activity restrictions. He underwent bilateral knee arthroscopic surgery and bilateral total knee replacements. Currently, the injured worker complained of ongoing right knee and lower back pain. He noted increased pain in his legs and feet. He had numbness and tingling in both hands at night. Upon examination, there was muscle spasms noted in the lower back along with restricted range of motion of the bilateral knees. The treatment plan that was requested for authorization on September 23, 2015, included compression stockings, and prescriptions for Ketoprofen ER 200 mg #30 and Omeprazole DR 20 mg #30 with 2 refills. On August 26, 2015, requests for Ketoprofen and Omeprazole and compression stockings was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression stockings: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Compression Garments.

Decision rationale: Regarding the request for Compression stockings, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. Within the medical information made available for review, there is no recent documentation of symptoms and findings consistent with a condition compression stockings are indicated for. In the absence of such documentation, the currently requested Compression stockings is not medically necessary.

Ketoprofen ER 200mg #30: 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Ketoprofen ER 200mg #30, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. And for back pain is recommended as a second-line treatment after acetaminophen. Within the documentation available for review, there is no indication that Ketoprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Furthermore, there is no indication that the patient has failed acetaminophen treatment or recently has moderate to severe pain. In the absence of such documentation, the currently requested Ketoprofen ER 200mg #30 is not medically necessary.

Omeprazole DR 20mg #30 with 2 refills: 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Omeprazole DR 20mg #30 with 2 refills, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is indication that the patient a risk for gastrointestinal events with NSAID use. However, the use of the NSAID has been deemed not medically necessary. In light of the above issues, the currently requested Omeprazole DR 20mg #30 with 2 refills is not medically necessary.