

<b>Case Number:</b>	CM15-0187270		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/29/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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(n) 47 year old female, who sustained an industrial injury on 4-29-15. The injured worker was diagnosed as having lumbar radiculopathy, right knee joint derangement, back sprain and left hand sprain. Medical records (6-17-15 through 7-15-15) indicated 0-4 out of 10 pain in the left hand, 8-10 out of 10 pain in the right knee and 3-5 out of 10 pain in the back. The physical exam (5-19-15 through 7-15-15) revealed a positive straight leg raise test at 70 degrees, decreased back flexion and extension and a positive McMurray's test on the right. Treatment to date has included physical therapy, a right knee MRI on 7-24-15 showing a medial meniscus tear and Baclofen. Current medications include Ibuprofen, Prilosec and Tylenol #3 (started on 7-15-15). As of the PR2 dated 8-12-15, the injured worker reports continued pain in the left hand, right knee and back. She rates the pain in her left hand 2 out of 10, right knee pain 5 out of 10 and back pain 8 out of 10. She indicated that Motrin and Tylenol #3 help with her pain and inflammation. She is not currently working. Objective findings include a positive straight leg raise test at 70 degrees, decreased back flexion and extension and a positive McMurray's test on the right. The treating physician requested Prilosec 20mg #30 and Tylenol #3 #30. The Utilization Review dated 9-10-15, non-certified the request for Prilosec 20mg #30, modified the request for Tylenol #3 #30 to Tylenol #3 #15 and certified the requests for a right knee arthroscopy with meniscectomy and shaving articular cartilage and Ibuprofen 600mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #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, GI symptoms & cardiovascular risk.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 7/15/15 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, determination is not medically necessary for the requested Prilosec.

**Thirty Tylenol/Codeine #3: 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): Opioids, specific drug list.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/15/15. Therefore, the determination is for not medically necessary.