

Case Number:	CM15-0197973		
Date Assigned:	10/13/2015	Date of Injury:	05/27/2015
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on 5-27-15. A review of the medical records indicates he is undergoing treatment for right knee internal derangement with possible tibia fracture, compensatory lumbar disc herniation with right-sided radicular symptoms, medication-induced gastritis, and reactionary depression and anxiety. Medical records (8-26-15) indicate complaints of pain throughout the left knee and leg. He reports that he is unable to bear any weight. He is using crutches to walk. He also complains of difficulty sleeping at night. He reports "compensatory" pain in the low back with radicular symptoms into the contralateral right lower extremity. The physical exam reveals left knee swelling and pitting edema "all the way down the leg". Crepitus and tenderness is noted along the medial joint line. Decreased sensation is noted along the posterior lateral calf. Flexion is noted to be 90 degrees. The treating provider states that the injured worker "lacks 10 degrees of extension". Tenderness to palpation is noted of the posterior lumbar musculature "mostly on the right". "Mild" positive straight leg raise is noted on the right. Range of motion of the lumbar spine is diminished. Deep tendon reflexes of the patella and Achilles tendon are noted to be "2 out of 4" bilaterally. Motor testing is intact. Diagnostic studies have included x-rays and MRIs of the "left leg", as well as an MRI of the left knee. Treatment recommendations included surgery of the left knee and tibia. However, treatment was delayed, causing the bones to "heal improperly". Treatment recommendations include a total knee arthroplasty. Requests for treatment include a left intra-articular knee joint injection, and MRI of the left knee and leg x-rays, medications of Naprosyn 500mg twice daily, Prilosec 20mg twice daily, and Norco 10-325 three times daily as needed. The utilization review (9-8-15) includes a request for

Prilosec 20mg twice daily #60. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The injured worker sustained a work related injury on 5-27-15. The medical records provided indicate the diagnosis of right knee internal derangement with possible tibia fracture, compensatory lumbar disc herniation with right-sided radicular symptoms, and reactionary depression and anxiety. Treatments have included Ibuprofen and Norco. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg BID #60. It is not clear from the medical records how the diagnosis of medication indicated gastritis, since a review of the history, review of system and past medical history did not reveal any mention of this diagnosis or gastrointestinal disorders. On the contrary, all the review of systems from a previous provider indicated gastrointestinal symptoms were negative; there was no review of systems in the document with this diagnosis, neither was this documented in the past medical history. Furthermore, the MTUS recommends the management of the injured work be based on information from thorough history and physical examination. The history and examination do not indicate the injured worker has gastrointestinal risk. The MTUS recommends Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Based on the above write-up, there is no evidence the injured worker suffers is at risk of gastrointestinal events. Therefore the request is not medically necessary.