

Case Number:	CM15-0030727		
Date Assigned:	02/24/2015	Date of Injury:	09/25/2004
Decision Date:	04/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 36 year old male, who sustained an industrial injury on 9/25/2004. The details of the initial injury and prior treatments were not submitted for this review. The diagnoses have included right knee pain, status post arthroscopy 1007, and excessive laxity throughout knee joint, depression, and past history of Methicillin-Resistant Staphylococcus Aureus (MRSA). Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, methadone and Norco. Currently, the IW complains of right knee pain and swelling. The provider documented use of a hinged knee brace at all times. Pain was rated 9/10 VAS. Physical examination on 1/26/15 documented right knee was swollen with stability testing revealing laxity. There was positive crepitus, positive McMurray sign, and disuse atrophy. The plan of care included continuation of narcotic per contract, Magnetic Resonance Imaging (MRI) of the right knee to evaluation worsening symptoms. On 2/10/2015 Utilization Review non-certified Norco 10/325mg #240 and Omeprazole 20mg #30, noting the documentation did not meet the guidelines. The MTUS Guidelines were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #240 and Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 240 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2004. The medical course has included numerous treatment modalities use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to norco to justify use per the guidelines. The medical necessity of norco in addition to his methadone is substantiated in the records.

Omeprazole 20 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2004. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.