

Case Number:	CM15-0034444		
Date Assigned:	03/02/2015	Date of Injury:	02/24/2014
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on February 24, 2014. Her diagnoses include postsurgical arthroscopy of knee and skin infection. She had undergone a left knee arthroscopy with partial medial meniscectomy and synovectomy on August 12, 2014. An MRI of the left knee was performed on November 3, 2014. She has been treated with physical therapy and medications including a proton pump inhibitor, an antibiotic, and a non-steroidal anti-inflammatory. On December 15, 2014, her treating physician reports increasing knee pain since being off the antibiotic for 1 week. The physical exam revealed skin infection and positive effusion. The treatment plan includes antibiotic and non-steroidal anti-inflammatory medications. On February 24, 2015, the injured worker submitted an application for IMR for review of prescriptions for Prilosec 20mg 1 BID (twice a day) #60 and Anaprox DS 550mg 1 BID (twice a day) #60. The Prilosec was non-certified based on the patient is not at intermediate risk of gastrointestinal event. The Anaprox DS was non-certified based on the lack of documentation of significant derived benefit through long-term use of non-steroidal anti-inflammatory drugs. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with left knee pain and is status post left knee surgery from August 2014. There is no Request for Authorization provided in the medical file. The current request is for PRILOSEC 20MG #90. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients for gastrointestinal events including: ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. In this case, the patient has been utilizing NSAID on a long term basis; however, the treating physician has not provided any discussion regarding GI issue such as gastritis, ulcers, or reflux that require the use of this medication. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request IS NOT medically necessary.

Anaprox DS 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with left knee pain and is status post left knee surgery from August 2014. There is no Request for Authorization provided in the medical file. The current request is for ANAPROX DS 550MG #60. MTUS anti-inflammatory medications page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." For medication use and chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. The patient has been prescribed Anaprox since 10/17/14. In this case, there is lack of any documentation regarding what the Anaprox has done for the patient's pain and function, as required by MTUS page 60. The requested Anaprox IS NOT medically necessary.