

Case Number:	CM15-0035142		
Date Assigned:	03/03/2015	Date of Injury:	03/30/2013
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
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: Pennsylvania, Ohio, 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:

This 45-year-old male reported a work-related injury on 03/30/2013. According to the progress notes dated 2/11/15, the injured worker (IW) reports moderate, sharp/aching right knee pain. On exam, the right knee is mildly swollen. The IW was diagnosed with knee pain, medial meniscus tear, status post medial meniscectomy of right knee and chronic pain. Previous treatments include medications, right knee arthroscopy, TENS, cold application, cortisone injections, viscosupplementation and physical therapy. The treating provider requests Ibuprofen 800mg, #120 and Omeprazole 20mg capsules, #30. The Utilization Review on 02/10/2015 non-certified the request for Ibuprofen 800mg #120 and Omeprazole 20mg capsules, #30. References cited include CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,68,75,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as first-line treatment to reduce pain and provide benefit in the form of increased activity and thus functional restoration. An initial physician review concludes that NSAID treatment is indicated but notes the patient is simultaneously using both Ibuprofen and Naprosyn, which would not be supported by treatment guidelines. However, the medical records document on multiple occasions that the patient uses either Naprosyn or Ibuprofen, i.e. the patient does not use both simultaneously. MTUS does allow the physician and patient the option to select an NSAID based on clinical response. The decision to alternately use different NSAIDs is consistent with MTUS. This request is medically necessary.

Omeprazole capsules 20mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,68,75,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication rather, the records state that the patient tolerates his medications well and do not discuss GI symptoms. Thus this request is not medically necessary.