

<b>Case Number:</b>	CM15-0046717		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	02/28/2003
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Illinois, California, Texas  
 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 53-year-old female who sustained an industrial injury on 2/28/03. The mechanism of injury was not documented. The 1/13/15 treating physician report cited on-going right knee pain, and pending approval to pursue a right total knee arthroplasty. Physical exam documented medial joint line, crepitus, and infrapatellar tenderness with partial deep knee bend. There was no swelling, but some lack of joint space with weakness on leg extension. The diagnosis included bilateral knee arthrosis, severe on the right. The treating physician reported the injured worker was using anti-inflammatory Motrin to help with her knee pain. This was non-narcotic and helped take the place of using narcotics more frequently. Cidaflex was warranted as Synvisc injections were beneficial in the past. A right knee MRI was requested to be updated as her last MRI was in 2012. It was warranted to see if she needs to have a partial versus total knee arthroplasty on the right side. Standing x-rays were also requested. Norco was requested for severe pain. The patient had stomach upset with medication, and Prilosec was prescribed. The 2/17/15 utilization review certified requests for standing AP and lateral knee x-rays, Cidaflex #100, Norco 5/325 mg #60, and re-evaluation in 6 weeks. The requests for right knee MRI, Prilosec 20 mg #100, and Ibuprofen 800 mg #90 were non-certified. The rationale for non-certification of the right knee MRI indicated that arthroplasty was anticipated and standing x-rays were recommended by guidelines for imaging of osteoarthritis. The non-certification of ibuprofen was based on a lack of functional benefit despite over a year of use and lack of guideline support for long term use. As the Prilosec was being prescribed prophylactically due to the ibuprofen, and ibuprofen was not certified, this medication was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI (magnetic resonance imaging), Right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee, Knee joint replacement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: MRI's (magnetic resonance imaging).

**Decision rationale:** The California MTUS guidelines do not provide specific criteria for the evaluation of osteoarthritis by imaging. The Official Disability Guidelines state, that in most cases, diagnosing osteoarthritis with an MRI is both unnecessary and costly. Guidelines state that weight-bearing x-rays are sufficient to diagnose osteoarthritis of the knee. Guideline criteria has not been met. This patient presents with a diagnosis of right knee osteoarthritis. Both MRI and standing x-rays have been requested for current evaluation of the right knee. Standing x-rays have been certified. There is no compelling reason to support the medical necessity of MRI in addition to standing x-rays to evaluate whether the patient should have a partial or total knee arthroplasty. Therefore, this request is not medically necessary.

### **Prilosec 20 mg Qty 100: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Proton pump inhibitors (PPIs).

**Decision rationale:** The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. The Official Disability Guidelines recommend the use of proton pump inhibitors for patients at risk for gastrointestinal events and indicate these medications should be used at the lowest dose for the shortest possible amount of time. Guideline criteria have been met. This patient is being treated with NSAID therapy, and has reported dyspepsia with medication use. Given these clinical indications, this request is medically necessary.

### **Ibuprofen 800 mg Qty 90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The California MTUS recommend the use of NSAIDs (non-steroidal anti-inflammatory drugs) like ibuprofen (Motrin) for the treatment of knee osteoarthritis in patients with moderate to severe pain. It is generally recommended that the lowest effective dose be used for the shortest duration of time consistent with the individual patient treatment goals. Guideline criteria have been met. This patient presents with persistent right knee pain and imaging evidence of osteoarthritis. She has been using this medication for a prolonged period of time with report of good pain control and evidence of limited narcotic use. Therefore, this request is medically necessary.