

<b>Case Number:</b>	CM15-0048013		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: 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 a work related injury on 6/11/10. He fell from a ladder and sustained injury to his right knee. The diagnoses have included right knee pain, right knee internal derangement and status post right knee arthroscopic debridement. Treatments to date have included CT scan of right knee on 11/18/10, MRI of right knee on 9/23/11, venous ultrasound of right leg on 4/24/12, medications, physical therapy, right knee surgery, TENS unit therapy, knee brace and home exercise program. In the PR-2 dated 1/26/15, the injured worker complains of constant right knee pain. He rates his pain an 8/10 off of medications and 4/10 on medications. The pain medications help him control pain to be more functional with activities. He states TENS unit is helping. He has tenderness to palpation at the joint line of right knee. He has pain with extension and flexion of right knee. The treatment plan is to request refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** MTUS Guidelines give limited support to the long term use of NSAIDs for chronic inflammatory conditions including large joint arthritis. This individual has a qualifying condition and up to date documentation notes meaningful improvement in pain subsequent to current medication use. Under these circumstances, the Naproxen 550mg #60 is supported by Guidelines and is medically necessary.

**Prilosec 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs); NSAIDs, GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** MTUS Guidelines support the use of proton pump inhibitors (Zantac or Prilosec) when there are GI symptoms associated with the use of NSAIDs. It is adequately documented that this individual has GI symptoms with the current use of NSAIDs. Under these circumstances, Prilosec 20mg #60 is supported by Guidelines.

**Norco 10/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the careful use of opioids when there is meaningful pain relief, functional improvements from use and the lack of drug related aberrant behaviors. This individual meets these criteria. There is a significant improvement in pain reported, activities are supported and periodic screening for misuse is adequate. Under these circumstances, the Norco 10/325mg #120 is supported by Guidelines and is medically necessary.