

Case Number:	CM15-0084584		
Date Assigned:	05/06/2015	Date of Injury:	05/22/2009
Decision Date:	07/21/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/04/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52-year-old female who sustained an industrial injury on 05/22/2009. Mechanism of injury was a fall. Diagnoses include status post medial and lateral meniscectomy of the right knee with chondroplasty and medial femoral condyle on 10/27/2014, status post L4-S1 anterior fusion on 11/28/2012, oblique tear posterior horn meniscus on the right, L5-S1 degenerative disc disease, 6.5 mm disc extrusion encroaching on the bilateral S1 nerve with intermittent radiculopathy, right knee degenerative joint disease and chondromalacia, L4-5 annular tear, 6mm disc bulge, moderate disc height loss, facet arthropathy and neural foraminal stenosis, cervical spine C3-C7 disc degeneration with non-verifiable radiculopathy, rotator cuff syndrome, and right ankle sprain. Treatment to date has included diagnostic studies, status post lumbar fusion in 2012, and status post right knee surgery in 2014, medications, physical therapy, and injections. Her medications include Motrin, Norco, and Prilosec. A physician progress note dated 04/23/2015 documents the injured worker has increasing complaints of lower back pain, which she rates as a 9 out of 10 on the Visual Analog Scale without medications, and a 7 out of 10 with medications. She continues to have right knee pain rated a 9 out of 10 on the Visual Analog Scale without medications, and 7 out of 10 with medications. She has tenderness to palpation of the lumbar paravertebral muscles, bilaterally, and tenderness to the sciatic notches. Lumbar range of motion is restricted. Her right knee range of motion is restricted, and painful. She has some medial effusion on the right knee, and there is tenderness over the medial joint line, medial fat pad and medial tibial plateau of the right knee. The pain in the right knee limits her ability in ambulation and exercise. The treatment plan includes continuing to recommend a Synvisc One injection to the right knee and X rays of the lumbar spine, a urine drug screen and a follow up in 4 to 6 weeks. Treatment requested is for Prilosec 20mg, # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.