

Case Number:	CM14-0130572		
Date Assigned:	08/20/2014	Date of Injury:	03/04/2012
Decision Date:	09/30/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29-year-old gentleman who was reportedly injured on March 4, 2012. The mechanism of injury was noted as carrying a heavy water heater upstairs. The most recent progress note dated April 22, 2014, indicated that there were ongoing complaints of bilateral knee pain and low back pain. The physical examination demonstrated tenderness and spasms over the lumbar spine paraspinal muscles and tenderness of the right-sided trochanteric bursa. Examination of the left knee noted a trace effusion, mild crepitus, and mild to moderate medial joint line tenderness. There was a positive McMurray's test. Diagnostic imaging studies of the left knee revealed postoperative changes of the medial meniscus without any re-tear. Previous treatment included a left knee arthroscopy performed in August 2012, physical therapy, chiropractic care, and a left knee steroid injection. A request was made for naproxen and omeprazole and was not certified in the pre-authorization process on July 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen 550mg 1 tab PO BID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73.

Decision rationale: Naproxen is an anti-inflammatory. 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. There is no documentation in the attached medical record of any decreased pain or any increased ability to function with the chronic usage of this medication even at its highest dose. As such, this request for naproxen is not medically necessary.

Retro Omeprazole 20mg 1 tab PO QHS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for Prilosec is not medically necessary.