

Case Number:	CM14-0182548		
Date Assigned:	11/07/2014	Date of Injury:	05/29/2013
Decision Date:	12/16/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 24 year old male who had a work injury dated 5/29/13. The diagnoses include lumbosacral sprain/strain, knee sprain/strain, thoracic sprain/strain, and sacroiliac dislocation/subluxation. Under consideration are requests for 1 prescription of Fenoprofen 400mg #60 and 1 prescription of Omeprazole 20mg #60. There is an 11/3/14 progress note that states that the patient has 8/10 right knee pain. On exam there is a + right McMurray sign and tenderness at the right medial joint line. The treatment plan is refill Omeprazole and Fenoprofen. 10/6/2014 included a positive McMurray's test on the left. Documentation from the time of examination indicates no change in pain, and gastrointestinal upset with use of Fenoprofen. The provider has diagnosed the patient with lumbosacral sprain/strain, knee sprain/strain, thoracic sprain/strain, and sacroiliac dislocation/subluxation. The provider has recommended continued treatment with Fenoprofen, and starting Omeprazole. A 9/16/14 progress note changed the patient from Naprosyn to Fenoprofen. The patient denied having side effects from Naprosyn including no abdominal pain or nausea. His pain was a 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fenoprofen 400 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: 1 prescription of Fenopufen 400 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend NSAIDs for chronic low back pain and osteoarthritis at the shortest duration and lowest dose. The documentation indicates that the patient had a 7/10 pain level on Naprosyn with no side effects. He was changed to Fenopufen and recent documentation indicates an 8/10 pain level with gastrointestinal side effects. It does not appear that the Fenopufen is having a positive effect on pain and there is no functional improvement on Fenopufen. The request for 1 prescription of Fenopufen 400 mg #60 is not medically necessary.

1 prescription of Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: 1 prescription of Omeprazole 20 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. It was deemed that Fenopufen was not considered medically necessary therefore Omeprazole is not medically necessary.