

<b>Case Number:</b>	CM14-0076884		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/13/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 California. 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 59 year old female who reported a blow to the right knee on 02/13/2011. On 05/13/2014, she complained of bilateral knee pain worse on the right side than on the left, which was exacerbated with prolonged standing and walking. The examination revealed swelling and stiffness to the right knee with crepitus in both knees. Her diagnoses include contusion of the right knee, right knee medial/lateral meniscal tear, right knee ligamentous sprain/strain and left leg myofasciitis. Her medications included ibuprofen 800 mg and omeprazole 20 mg. On 09/17/2013, it was noted that she also had hydrocodone 5/325 mg for severe pain. There is no rationale included in this injured worker's chart. A Request for Authorization dated 05/13/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Ibuprofen 800 mg #180 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), pages 67-73 Page(s): 67-73.

**Decision rationale:** The request for prospective use of ibuprofen 800 mg #180 with 3 refills is non-certified. The California MTUS Guidelines recommend that NSAIDs at the lowest possible dose for the shortest period of time be used in patients with moderate to severe osteoarthritis pain. Ibuprofen is recommended for osteoarthritis, rheumatoid arthritis, and off label for ankylosing spondylitis. The documentation submitted reveals that this injured worker has been taking ibuprofen for almost 1 year which exceeds the guidelines of short term use. Additionally, the request did not specify frequency of administration. Therefore, this request for prospective use of ibuprofen 800 mg #180 with 3 refills is non-certified.

**Prospective use of Omeprazole 20 mg with 3 refills:** Upheld

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

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

**Decision rationale:** The request for prospective use of omeprazole 20 mg with 3 refills is non-certified. The California MTUS Guidelines suggest that proton pump inhibitors, which includes omeprazole, may be recommended but clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulants or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease and laryngopharyngeal reflux. This injured worker does not meet any of the determining factors for gastrointestinal events. Additionally, the amount of time she has been taking ibuprofen exceeds the guideline recommendations for short term use. Furthermore, the request did not include a quantity or frequency of administration of the requested medication. Therefore, this request for prospective use of omeprazole 20 mg with 3 refills is non-certified.