

Case Number:	CM14-0083413		
Date Assigned:	09/24/2014	Date of Injury:	11/15/2011
Decision Date:	11/04/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 Interventional Spine 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 patient is a 65 year old with an injury date on 11/15/11. The patient complains of bilateral knee pain, left > right, increased lumbar pain, with bilateral lower extremity radiation, left > right per 1/29/14 report. Patient received one cortisone injection to the left knee with temporary relief per 1/29/14 report. Based on the 1/29/14 progress report provided by [REDACTED] the diagnoses are: 1. Lumbosacral strain/arthrosis 2. Significant intrinsic hip pathology, bilaterally 3. S/p left knee arthroscopic surgery 2005; s/p left knee arthroscopic partial lateral meniscectomy, synovectomy, and chondroplasty of the medial femoral condyle and lateral tibial plateau 2011. 4. Right knee degenerative arthrosis 5. Psychiatric complaints 6. Sleep disturbance Exam on 1/29/14 showed "positive straight leg raise. Bilateral knees show positive effusion, able to flex left knee 90 degrees, right knee flexion is 110 degrees. Patient ambulates with antalgic gait and uses walking cane for support." Patient's treatment history includes left knee Synvisc injection, physical therapy, and home exercise program. [REDACTED] is requesting Prilosec 20mg #60, and naproxen 550mg #60 with one refill. The utilization review determination being challenged is dated 5/21/14 and denies Prilosec and Naproxen because the mechanism of injury and diagnostic studies not provided in medical records. [REDACTED] is the requesting provider, and he provided treatment reports from 1/7/14 to 1/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 66-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter, for Prilosec

Decision rationale: This patient presents with bilateral knee pain, back pain, bilateral leg pain. The physician has asked for Prilosec 20mg #60 "for heartburn." Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. On 1/30/12, patient is stated to be using Motrin with GI upset, and prescribed Prilosec to treat it. Regarding medications for chronic pain, MTUS pg. 60 states physicians must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, patient is currently using an NSAID (naproxen) for ongoing knee/back/leg pain per 1/29/14 report and Prilosec has been effective in treating GI upset associated with NSAID usage in the past. The request Prilosec is indicated for patient's ongoing use of NSAIDs. The request is medically necessary.

Naproxen 550mg #60 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflamma.

Decision rationale: This patient presents with bilateral knee pain, back pain, bilateral leg pain. The physyc has asked for naproxen 550mg #60 with one refill. A review of the reports does not show any evidence patient has taken Naproxen in the past. Patient was taking Motrin (4/11/12), Ibuprofen (2/6/12), and Tylenol (2/6/12) without mention of effectiveness according to 1/7/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient has taken several different NSAIDs, effectiveness unknown. MTUS pg. 22 states that if an NSAID (first line) is not effective, that a trial of a Cox-2 is indicated. The requested trial of naproxen 550mg #60 with one refill for patient's ongoing back pain seems reasonable. The request is medically necessary.