

Case Number:	CM14-0218026		
Date Assigned:	01/07/2015	Date of Injury:	10/03/2009
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 32 year old female sustained a work related injury on 10/03/2009. According to a Qualified Medical Examination on 11/11/2014, the injured worker complained of left wrist and left knee with radicular symptoms to the thigh, calf and ankle. Since her last visit, her overall wrist pain remained unchanged. Pain was rated 6-8 on a scale of 0-10. Left knee pain had worsened. She complained of left wrist, hand and finger pain which was described as aching, sharp pain that varied in intensity and was present all of the time. There was complaint of swelling, locking at all the fingers, and weakness with dropping things. The pain did not radiate. There was complaint of numbness and tingling. Pain was aggravated by moving the wrist and hand, lifting as little as 2 to 3 pounds, forceful pushing or pulling, allowing the arm to hang freely at the side, after sleeping, getting dressed, doing her hair, putting on a seat belt, driving, doing laundry, preparing food and cooking, sweeping, wringing out a rag, mopping and vacuuming and cold weather or air-conditioning. The pain was partially relieved by resting and taking medications. She also used a wrist support with relief. Left knee pain was described as always aching and sometimes sharp and stabbing pain that varied in intensity which was present all the time. There was a complaint of weakness with buckling, catching and locking and swelling. There was also a complaint of loss of range of motion. There was no complaint of numbness or tingling. Pain radiated to the thigh, calf and ankle. Pain was aggravated by moving the knee, any weight bearing, sitting for 5 minutes, driving, getting in and out of the car, doing laundry, sweeping, vacuuming and cold weather or air-conditioning. Pain was partially relieved by resting, using heat, taking medication, physical therapy and using tape. She also used crutches and a splint and

Dyna-splint with benefit. Diagnostic impression included left wrist carpal tunnel syndrome with dorsal ganglion cyst and possible vascular malformation and left knee patellofemoral syndrome with probable lateral patellar facet overload and possible complex regional pain syndrome and possible arthrofibrosis. According to the provider, the injured worker was much worse. The injured worker had been diagnosed with Reflex Sympathetic Dystrophy Syndrome. The injured worker attended physical therapy. Current medications included Motrin and Gabapentin. As of a progress report submitted for review dated 11/14/2014, review of systems was negative for any gastrointestinal symptoms. On 12/08/2014, Utilization Review non-certified Interferential home unit and Prilosec one by mouth every day #30. According to the Utilization Review physician, interferential therapy is not supported as an effective treatment option per evidence based criteria. Despite lack of proven efficacy interferential can be supported as a trial in select clinical setting when pain is ineffectively controlled by medications and there is a history of substance abuse or as adjuvant care in the postoperative setting. In regards to Prilosec, documentation submitted for does not describe current gastrointestinal (GI) symptoms or treatment rendered thus far for GI symptoms such as dietary modification and documentation did not describe risk factors for GI bleed to warrant prophylaxis. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy, Interferential Current Stimulation and NSAIDS, GI Symptoms & cardiovascular risk. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec, one (1) PO QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, NSAI and GI effects, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec one tablet PO QD #30 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer disease, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured workers working diagnoses are chondromalacia of patella; sprain of medial collateral ligament, and ACL sprain; tear of medial cartilage or meniscus of knee; left wrist sprain/strain with dorsal ganglion cyst; and CRPS left knee. The documentation does not contain a clinical rationale for utilizing Prilosec. There are no comorbid conditions or past medical history compatible with risk factors putting the injured worker at risk for a G.I. related event. The documentation shows the injured worker was not taking Prilosec in October 2014. The documentation was largely illegible, however, the injured worker appears to have started on Prilosec on November 14, 2014. The request for authorization for additional

Prilosec was dated December 1, 2014. Consequently, absent clinical documentation with risk factors to support the use of proton pump inhibitor and a clinical rationale for its use, Prilosec one tablet PO QD #30 is not medically necessary.