

Case Number:	CM14-0218583		
Date Assigned:	01/08/2015	Date of Injury:	06/27/2011
Decision Date:	03/12/2015	UR Denial Date:	12/01/2014
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
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 55-year-old female who reported an injury on 06/27/2011. The mechanism of injury was not stated. The current diagnoses include chondromalacia patellofemoral joint and prepatellar bursitis of the left knee, bilateral lower extremities neuropathy, migraine headaches, chondromalacia patellofemoral joint right knee, chronic low back pain, multilevel spinal stenosis in the cervical spine, and gastroesophageal reflux disease. The latest physician progress report submitted for this review is documented on 12/18/2014. The injured worker presented with complaints of right knee pain. Upon examination, there was tenderness over the patellar region, 0 to 130 degree range of motion, and negative orthopedic testing. Further treatment recommendations were not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg # 90: Upheld

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

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Myllicon 90 mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Simethicone, Pharmacology:
<http://www.drugs.com/ppa/simethicone.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Last updated: 02 March 2015. U.S. Department of Health and Human Services National Institutes of Health. Simethicone. Simethicone is used to treat the symptoms of gas such as uncomfortable or painful pressure, fullness, and bloating.

Decision rationale: According to the US Department of Health and Human Services, simethicone is used to treat symptoms of gas, such as uncomfortable or painful pressure, fullness, or bloating. The injured worker does not report any of the above mentioned symptoms. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.