

Case Number:	CM15-0076641		
Date Assigned:	04/28/2015	Date of Injury:	10/21/2014
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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 71 year old female, who sustained an industrial injury on 10/21/2014. The initial complaints or symptoms included left leg and wrist pain/injury followed by pain in both knees, both hips, low back and neck. The injured worker was diagnosed as having left knee sprain. Treatment to date has included conservative care, medications, MRIs, x-rays, and conservative therapy. Per exam dated 12/31/2014, the injured worker complained of bilateral knee pain, neck pain with radiation to the hands, and mid and low back pain which radiates into both lower extremities with associated numbness and tingling. The diagnoses include cervical radiculitis, cervical strain/sprain, rule out cervical disc protrusion, thoracic strain/sprain, lumbar radiculitis, lumbar strain/sprain, rule out lumbar disc protrusion, left knee lateral and medial meniscus tears, left knee sprain, anxiety and depression. The request for authorization included naproxen (denied), omeprazole (denied), cyclobenzaprine (approved), and Ativan (approved).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg 1 tablet BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 500mg 1 tablet BID #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has bilateral knee pain, neck pain with radiation to the hands, and mid and low back pain, which radiates into both lower extremities with associated numbness and tingling. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 500mg 1 tablet BID #60 is not medically necessary.

Omeprazole 20mg 1 tablet BID #60: Upheld

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

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

Decision rationale: The requested Omeprazole 20mg 1 tablet BID #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has bilateral knee pain, neck pain with radiation to the hands, and mid and low back pain which radiates into both lower extremities with associated numbness and tingling. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg 1 tablet BID #60 is not medically necessary.