

Case Number:	CM14-0142563		
Date Assigned:	09/10/2014	Date of Injury:	01/13/2002
Decision Date:	10/07/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/03/2014

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 & 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:

This case involves 62 year old female with date of injury of 1/13/02. The treating physician report dated 6/23/14 indicates that the patient presents with chronic lumbar pain rated a 6/10 with radiation of pain into her left buttock and left posterior thigh. Right knee pain is constant and rated a 3-4/10, left knee pain is better as a result of recent Euflexxa injections. The physical examination findings reveal lumbosacral tenderness, muscle spasms of lumbar spine and myofascial trigger points affecting the lumbar spine. There is tenderness over the anterior aspect of the right knee with flexion to 100 degrees with increased pain. The patient presented on 7/18/14 with moderate worsening of the right knee pain rated an 8-9/10 and is unable to bear weight on the right leg. There was no new injury reported and the patient stated that she woke up with the increased right knee pain. The current diagnoses are status right post total knee replacement in 2009, DJD left knee with probable meniscus tear and HNP of the lumbar spine. The utilization review report dated 9/2/14 denied the request for Prilosec and specialist consultation for the right knee based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, thirty count with three refills: Upheld

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

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

Decision rationale: The patient presents with chronic lower back pain with associated right leg pain and flaring of chronic right knee pain status post total knee replacement in 2009. The current request is for Prilosec 20 mg, #30 with three refills. The treating physician reports reviewed do not state that the patient suffers from any gastrointestinal disorders or dyspepsia. The patient is taking Vicodin, Celebrex and Prilosec with no indications for an H2-receptor antagonist or a PPI. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to non-steroidal anti-inflammatory drugs (NSAIDs) use. Official Disability Guidelines (ODG) also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater in this case has not documented that the patient is at risk or currently experiencing any gastrointestinal side effects. Therefore, this request is not medically necessary.

Specialist consultation for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 - 345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127

Decision rationale: The patient presents with chronic lower back pain with associated right leg pain and flaring of chronic right knee pain status post total knee replacement in 2009. The current request is for specialist consultation for the right knee. The treating physician reported on 6/23/14 that the patient was experiencing increased right knee pain and then on 7/18/14 there was a change in her condition that caused sharp increase in right knee pain, decreased ability to ambulate, and decreased right knee range of motion as well as moderate swelling of the right knee. The treating physician requested authorization for the patient to return to her orthopedist for consultation and treatment recommendations. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise is required in determining appropriate treatment for this patient. Therefore, this request is medically necessary.