

Case Number:	CM13-0007436		
Date Assigned:	12/11/2013	Date of Injury:	07/18/2007
Decision Date:	06/19/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 injured worker is a 70 year-old male whose date of injury is 07/18/07. The mechanism of injury is reported as slip and fall injuring the low back radiating to lower extremities. The patient is status post right knee partial medial and lateral meniscectomies and chondroplasty performed on 11/21/13. The patient is maintained on oral medications which includes Non Steroidal Anti-inflammatory's (NSAID's).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRILOSEC 20MG (DOS 7/09/2013): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

Decision rationale: Per Official Disability Guidelines (ODG) Pain Chapter: Proton Pump Inhibitors, the prior determination is upheld. The patient is a 70 year-old male who sustained an injury to the right knee which ultimately resulted in arthroscopy on 11/21/13. The records

provide no data to establish that the patient had or developed NSAID induced gastritis. As such, the medical necessity was not established.