

Case Number:	CM13-0020467		
Date Assigned:	10/11/2013	Date of Injury:	06/10/2012
Decision Date:	08/01/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/05/2013

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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:

The injured worker is a 33 year old female injured on 06/10/12 due to an undisclosed mechanism of injury. Current diagnoses include lumbar sprain/strain and right knee sprain/strain. The clinical note dated 08/12/13 indicates the injured worker presented complaining of lumbar spine pain controlled with medications and creams and right knee pain with utilization of a brace, physical therapy, medications, and creams. The injured worker reports physical therapy has been helpful and medications are effective. Physical examination reveals +3 tenderness to palpation of the lumbar paravertebral muscles, muscle spasm in the lumbar paravertebral muscles, negative anterior drawer test, +3 tenderness to palpation of the anterior knee and medial knee, muscle spasm of the anterior knee, and patellar compression test positive. Medications include Tramadol 50mg twice a day, Flexeril 7.5mg twice a day, Capzasin/Flurbiprofen, Tramadol/Menthol/Camphor/Flurbiprofen/Tramadol cream, Restone 3/100mg every night, and Omeprazole 20mg twice a day for gastrointestinal prophylaxis. The initial request for Omeprazole 20mg #60 was initially non-certified on 08/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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 Section.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drugs (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. As such, the request for omeprazole 20MG #60 cannot be established as medically necessary.