

Case Number:	CM13-0030718		
Date Assigned:	11/27/2013	Date of Injury:	01/30/2008
Decision Date:	02/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 Arizona. 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:

Patient is a 63 year old male with bilateral knee injuries. He has had surgery on both knees and moderate to severe degenerative joint disease. Patient also has had multiple joint injections. Diagnoses include; bilateral knee osteoarthritis/degenerative joint disease, chondromalacia patella, and right hamstring sprain. Patient complaints include moderate pain in both knees, as well as spasm. Physical exam demonstrate 120 degrees of flexion in bilateral knees and swelling and crepitus. Medications have included, Percocet, Celebrex, Prilosec, Tramadol ER, and Voltaren gel. There is no documented history of GI bleeding. The record does indicate sporadic/nonspecific GI complaints secondary to medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS, GI Risk Page(s): 68. Decision based on Non-MTUS Citation FDA Guidelines on Prilosec

Decision rationale: CA Chronic Pain Treatment Guidelines only recommend proton pump inhibitors for patients with a high or intermediate risk of Gastro-intestinal (GI) adverse events. This patient is low risk for GI complications and the medical records show that patient has no history of GI bleeding or ulcers. There is documentation of nonspecific GI complaints from ongoing medications. Previously, the patient was taking Prilosec once daily, while this request is for Prilosec three times daily. There is no supportive documentation of worsening GI complaints that would support a dose increase. Furthermore CA Chronic Pain Guidelines only recommend PPIs once daily, as well as FDA indications for use. The medical necessity for Prilosec 20mg TID has not been established.