

Case Number:	CM13-0032190		
Date Assigned:	12/04/2013	Date of Injury:	08/31/2007
Decision Date:	01/10/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal Medicine 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 patient is a 53-year-old male who reported an injury on 08/31/2007 after a slip and fall walking out of a beer cooler resulting in left shoulder and left knee pain. The patient underwent 2 shoulder surgeries and left knee arthroscopic surgery. The patient developed low back pain. The most recent clinical evaluation provides subjective findings to include lumbar spine pain levels rated at 9/10, and pain in the bilateral knees rated at 6/10 to 9/10. Physical findings included tenderness to palpation over the paraspinal musculature with paraspinal spasms noted. The bilateral knees had restricted painful range of motion and positive medial joint line tenderness and positive chondromalacia patella compression test. The patient's diagnoses included herniated lumbar disc with radiculopathy, internal derangement of the left knee with recurrent meniscal tear, and internal derangement with degenerative joint disease and partial thickness tear of the medial collateral ligament of the right knee. The patient's treatment plan included epidural steroid injections, medications, and hyalgan injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription of Omeprazole 20mg #45/45 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

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

Decision rationale: The retrospective prescription for Omeprazole 20 mg #45 for 45 days is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on medications for an extended duration of time. However, the most recent clinical documentation submitted for review does not indicate a medication list or dosage recommendations. The California Medical Treatment Utilization Schedule recommends proton pump inhibitors such as Omeprazole when there is evidence that the patient is at risk for gastrointestinal events and is using nonsteroidal anti-inflammatory drugs. The clinical documentation submitted for review does not specifically identify nonsteroidal anti-inflammatory drug usage in the most recent clinical evaluation. Additionally, there is no documentation submitted to support the patient is at risk for gastrointestinal events related to medication usage. As such, the requested retrospective prescription of Omeprazole 20 mg #45/45 days is not medically necessary or appropriate.