

Case Number:	CM13-0042841		
Date Assigned:	12/27/2013	Date of Injury:	04/15/2013
Decision Date:	04/18/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation 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 patient has a date of injury on 4/15/13. Mechanism reported to be twisting knee injury while lifting a patient. Patient with diagnosis of R knee traumatic chondromalacia patellae, R knee bone contusion with micro-trabecular injury and R knee internal knee derangement (anterior joint pain). Medical reports from primary treating physicians and consultants reviewed reports available until 12/23/13. Pt reports R knee pain. Pain is 6/10 worsens with walking, climbing stairs or bending to 9-10/10. Patient also notes increasing R calf/quadriceps spasms. Objective exam reveals antalgic gait. The right knee has a decreased range of motion (ROM) mostly extension. Positive McMurray's laterally and mild pain laterally with patellofemoral crepitus. Prior treatment to right knee includes steroid injection, knee brace, chiropractic, pool therapy, TENS and physical therapy with poor improvement. MRI of right knee (4/23/13): Minor micro-trabecular injury of posterolateral aspect of proximal tibia, no cortical depression, no internal knee derangement. MRI of right knee (7/25/13): Mild medial patellar facet chondral thinning, no internal derangement Patient is noted to be on hydrocodone/APAP and naproxen for pain. It is also noted that cyclobenzaprine. There is no updated medical list provided. Utilization review is for prescription for omeprazole 20mg. Prior UR on 9/18/13 recommended non-certification of corticosteroid injection of R knee, viscoelastic supplementation of R knee and omeprazole. It approved Hydrocodone/APAP and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com>.

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

Decision rationale: Omeprazole is a proton-pump inhibitor (PPI) used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient is currently taking naproxen. However, there is no documentation of dyspepsia and patient does not meet any of the criteria placing the patient under high risk for GI bleed. Omeprazole is not medically necessary.