

Case Number:	CM13-0042901		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2008
Decision Date:	10/29/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 Georgia. 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 50 year old female patient had her right knee injured on 02/01/2008 while rolling an upright lunch table on the side, wherein the table reported lost balance and caught her on the medial side of her right knee. This injury occurred while performing a part of her normal duties at work. Her past medication history included anti-inflammatory drugs, Vicodin 800mg, Motrin and Darvocet. She also had physical therapy sessions for her right knee injury, but no documented number of sessions reported. Past surgeries included left knee replacement in 2011. Internal Medicine Evaluation note dated 9/17/2012 stated the patient had complaints of abdominal pain radiating upwards & a burning sensation. Pain rated 4/10 She also reported loose stool and rush to the bathroom 3-4 times in the morning. Examination of the abdomen revealed tenderness in the epigastric area. At the time of her visit, she was on Norco, Naproxen, Soma, Omeprazole and Gabapentin. She was diagnosed with medication-induced gastritis, abdominal pain and to rule out narcotic bowel syndrome. It was recommended the patient discontinue her NSAIDs, and be started on omeprazole 20 mg #30 x 2. Prior Utilization Review dated 10/10/2013 denied her request for purchase of omeprazole due to a reported lack of documented GI issues present in respect to her current NSAID usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHARMACY PURCHASE OF OMEPRAZOLE 20MG #30 X2 FOR DOS 09/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) recommends patients be evaluated for risk of adverse gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer or GI bleeding/perforation, concurrent use of ASA, corticosteroids, and/or anticoagulant, or high dose or multiple NSAIDs. Coadministration of a proton-pump inhibitor (PPI, such as omeprazole) is recommended in patients at intermediate or high risk for GI events. The only clinic note provided is dated 09/17/2012, exactly one-year prior to the date of retrospective pharmacy purchase in question. At that time, the patient was regularly taking Naproxen and diagnosed with medication induced gastritis. It was recommended at the time of the 09/17/2012 visit that the patient discontinue NSAIDs. There are no provided clinical documents to indicate if the patient was still taking NSAIDs at the time the 09/17/2013 pharmacy purchase was made. Therefore, based on the lack of documentation necessary to adequately review this request, and based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.