

Case Number:	CM13-0043391		
Date Assigned:	12/27/2013	Date of Injury:	02/21/2012
Decision Date:	03/10/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/23/2013

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 Texas. 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 52-year-old female who reported an injury on 02/21/2012. The mechanism of injury was stated to be a trip and fall. The patient's medications were noted to be Ibuprofen, Tramadol, and Omeprazole. The patient's diagnoses were noted to include internal derangement of the right knee, carpal tunnel syndrome bilaterally, tenosynovitis bilateral wrists, and sprain and strain of the lumbar spine chronic. The patient was noted to be in the office for a refill of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to include the patient had signs and symptoms of dyspepsia. There was a lack of documentation of the efficacy of the requested medication. Additionally, there was a lack of documentation including

rationale for the necessity for 2 refills without re-evaluation. Given the above, the request for Omeprazole 20mg, quantity 30, 2 refills is not medically necessary.