

Case Number:	CM13-0045049		
Date Assigned:	12/27/2013	Date of Injury:	09/29/2010
Decision Date:	02/26/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pulmonary Diseases 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 female injured worker who reported an injury on 02/20/2012 due to cumulative trauma while performing normal job duties. The age of the patient was not provided for review. The patient's injuries ultimately resulted in left arthroscopic subacromial decompression and right knee arthroscopy. Previous treatments included medications, immobilization, cold therapy, heat therapy, a home exercise program, physical therapy, and a TENS unit. The patient's most recent clinical evaluation rated the patient's pain in the left wrist and hand, left wrist, right knee, and low back at a 5/10 to 6/10. The patient's diagnoses included H-pylori infection, reflux esophagitis, acute gastritis, and epigastric abdominal pain. The patient's treatment plan included medications and a follow-up evaluation with the treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg qd #60, 0 refills retrospective DOS 07/05/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary 6/7/13. Mosby's Drug Consult.

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

Decision rationale: The requested Omeprazole 20 mg every day #60 with no refills for the date of service 07/05/2013 was not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review did not provide any evidence of deficits that required medication management. Additionally, there was no documentation from the date of service to support gastrointestinal upset related to medication usage that required a gastrointestinal protectant. Therefore, the requested omeprazole 20 mg every day #60 with no refills for date of service 07/05/2013 is not medically necessary or appropriate.

Prilosec 20mg 124h - max 4 per day x 7 days, #60, prospective DOS 07/05/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary 6/7/13. Mosby's Drug Consult.

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

Decision rationale: The requested Prilosec 20 mg 124h - max 4 per day x 7 days, #60, prospective date of service 07/05/2013 was not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review did not provide any evidence of deficits that required medication management. Additionally, there was no documentation from the date of service to support gastrointestinal upset related to medication usage that required a gastrointestinal protectant. Therefore, the requested Prilosec 20 mg 124h - max 4 per day x 7 days, #60 prospective date of service 07/05/2013 is not medically necessary or appropriate.

Follow up in 8 weeks with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary 6/7/13. Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 89-92.

Decision rationale: The requested follow-up evaluation with [REDACTED] is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends clinical re-assessment for patients who have delayed recovery being managed with the goal of functional recovery. However, the clinical documentation submitted for review does not include deficits or diagnostic studies that would require the supervision of a physician. As such, the requested follow-up in 8 weeks with [REDACTED] is not medically necessary or appropriate.