

Case Number:	CM13-0046913		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2011
Decision Date:	06/27/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/01/2013

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 Family 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 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:

The patient is a 56 year old male employee of [REDACTED] and has submitted a claim for right knee lateral collateral ligament strain and meniscal tear status post total knee replacement associated with an industrial injury on September 26, 2011. The treatment to date include oral and topical analgesics, hyaluronic acid and Lidocaine/steroid injections to the right knee, right total knee replacement, right knee manipulation under anesthesia, chiropractic physiotherapy and physical therapy. Utilization review dated October 10, 2013 modified request for Omeprazole 20mg #60 to #30 to comply with recommended guideline dosage of once daily intake. The medical records were reviewed from 2011 to 2013 and showed persistent right knee pain. According to a progress report dated September 4, 2013 the patient complained of 5/10 right knee pain which increased with prolonged sitting as well as walking and standing. Right knee examination showed range of motion of 10 to 100 degrees. Quadriceps and hamstring strength was 4+/5 limited by knee pain. Positive and severe painful patellofemoral crepitus was noted. Right knee was tender to palpation over the patellar tendon. The patient was status post right total knee arthroplasty on March 28, 2012 and manipulation under anesthesia (September 2012). The patient had unspecified number of chiropractic therapy sessions with some benefit and physical therapy for a year. The patient had been taking Norco 10/325mg 4x a day which helped in decreasing pain from 5/10 to 1-2/10 on pain scale. It also helped improve activity. The patient was able to walk, sit and stand longer. The patient also took Naproxen 500mg per day which helped improve activity level and Senna on a PRN basis which reduced medication induced constipation. The report also states that Prilosec 20mg OD was taken which eliminated GI side effects, however medical records were reviewed and progress reports did not mention subjective complaints of GI upsets from NSAID use. Duration of use were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, NSAIDs, GI Symptoms & Cardiovascular Risk Page(s).

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patient's who are at high risk for gastrointestinal events. In this case, the patient has been taking Prilosec once daily as far back as September 2013. Duration of use was not specified. The recent progress notes did not indicate the patient having a high risk for gastrointestinal events nor where there any complaints of GI upset. PPI intake should be limited to the recognized indications. There is no discussion concerning the need for variance from the guidelines. In addition, the guidelines state that long term use of PPI has been shown to increase the risk of hip fracture. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.