

Case Number:	CM13-0052494		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2013
Decision Date:	04/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 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:

This is a 40 year old male status post injury 5/10/13 in which he injured his right knee while employed as a Carpenter. Patient was seen on 10/29/13 with subjective complaints of right knee pain aggravated with prolonged walking and standing rated 6/10 in severity, low back pain aggravated with prolonged walking and standing rated 5/10 in severity. Objectively there was tenderness in the right knee medial joint line, with reduced flexion, and the patient walks with an analgesic. Treatment has included Norco (which causes gastric upset, and he has to take TUMS which help), injections, physical therapy, and surgery. Diagnoses include right knee medial meniscus tear, left knee compensatory sprain/strain, and s/p right knee arthroscopy, medial meniscectomy and chondroplasty. The disputed issue is Prilosec 20mg #30 with 3 refills which was prescribed for gastric protection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693050.html>.

Decision rationale: Prescription omeprazole is used alone or with other medications to treat gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and possible injury of the esophagus (the tube between the throat and stomach). Prescription omeprazole is used to treat the symptoms of GERD, allow the esophagus to heal, and prevent further damage to the esophagus. Prescription omeprazole is also used to treat conditions in which the stomach produces too much acid such as Zollinger-Ellison syndrome. Prescription omeprazole is also used to treat ulcers (sores in the lining of the stomach or intestine) and it is also used with other medications to treat and prevent the return of ulcers caused by a certain type of bacteria (*H. pylori*). Nonprescription (over-the-counter) omeprazole is used to treat frequent heartburn (heartburn that occurs at least 2 or more days a week). Omeprazole is in a class of medications called proton-pump inhibitors. It works by decreasing the amount of acid made in the stomach. Records indicated that the patient was taking edotolac ER on 6/13 which is a Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S, therefore prilosec is indicated to prevent ulcer.