

Case Number:	CM13-0053993		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2012
Decision Date:	04/30/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/05/2013

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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of April 12, 2012. A utilization review determination dated October 15, 2013 recommends non-certification for Prilosec. Non-certification is recommended due to lack of documentation indicating that the patient is at risk for gastrointestinal events. A progress report dated March 28, 2013 includes subjective complaints indicating that the patient had sharp knee pain after a fall in the shower. The pain is reduced with Norco. The patient is using a cane and is improving slowly with therapy and home exercises. The physical examination identifies patellofemoral tenderness and medial and lateral joint line tenderness. The knee is stable. Diagnoses include status post right medial and lateral meniscectomy and patellofemoral chondroplasty, exacerbation of knee pain secondary to fall, and extreme obesity. The treatment plan recommends a knee rehabilitation program, ice and anti-inflammatory medication, and weaning off Norco. A progress note dated March 14, 2013 includes a prescription for naproxen 550 mg #60. Additionally, omeprazole 20 mg #60 is also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, PROTON PUMP INHIBITORS (PPIs)

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the most recent progress report indicates that the patient is taking non-steroidal anti-inflammatory medication at high dose. The use of high dose NSAID medication puts the patient at risk for gastrointestinal events. Therefore, the use of a nonselective NSAID with a proton pump inhibitor is recommended by guidelines. It is acknowledged, that there is no recent progress report indicating that the patient is still using high-dose naproxen. The current request is for a one month supply of Prilosec. One month should give the requesting physician plenty of time to better document the ongoing use of high-dose NSAID, or some other risk factor for gastrointestinal events, to support the ongoing use of Prilosec. As such, we currently requested Prilosec 20 mg #60 is medically necessary.