

<b>Case Number:</b>	CM13-0054534		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 69 year old male with a date of work injury 10/25/10. The injury occurred when he fell down about 14 feet. He sustained lacerations and bruises and a blow to the left elbow and knee. The patient also had left foot pain. His diagnoses include severe degenerative joint disease of the left knee. Under consideration is the retrospective request for omeprazole 20mg # 60 provided on 10/25/2013. There is a 10/25/13 document that states that the patient has severe degenerative joint disease of the left knee. He continues to complain of pain. Currently, he is planning to have a surgery to his left knee in [REDACTED]. Current medications include Naproxen b.i.d., Tramadol twice a day, and he states that those pain medications offer only minimal relief of pain. He uses sports cream, Tramcap C Cream with good results. Walking for greater than 10 minutes and weight bearing activities increase the pain. He has noticed some tingling in the left lower extremity with increased walking. He has had injections with little decrease in the pain. He denies abdominal discomfort. However, he complains of a sharp chest pain and sometimes it feels tight. He states that that happens when his pain is very severe in his left knee. He also complains of shortness of breath when he is walking for long distances. His medications include lisinopril, Naproxen, Tramcap C, HCTZ, omeprazole, and Tramadol. A 12/4/13 document states that the patient complains of mild abdominal discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for one prescription of Omeprazole 20 mg #60 (DOS 10/25/2013):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The MTUS Chronic Pain Guidelines' criteria for a proton pump inhibitor include : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Although the patient (who takes Naprosyn) does not have a history of gastrointestinal events, in the documentation submitted he meets the MTUS Chronic Pain Guidelines' criteria for being over age 65. As such, the request is not medically necessary and appropriate.