

<b>Case Number:</b>	CM13-0059727		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Internal medicine, has a subspecialty in 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 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 injured worker is a 50-year-old male who reported an injury on 03/18/2010. The mechanism of injury was not provided. The injured worker's medication history included PPIs as of 2012. The documentation of 11/12/2013 revealed the injured worker had diagnoses including status post right knee meniscus medial and lateral decompression arthroscopy and left knee surgery, low back syndrome, and lumbar disc disease with protrusion of 3 mm at L4-5 and L5-S1. The request was made for omeprazole DR and tramadol ER, TG Hot and Fluriflex, as well as the MRI of the right knee to rule out a re-tear of the medial meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 69. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT, NSAIDS, 69

**Decision rationale:** California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review

indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency, quantity, and strength. Given the above, the request for PRILOSEC is not medically necessary.