

<b>Case Number:</b>	CM13-0071122		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 and is licensed to practice in Illinois. 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 46-year-old female who reported injury on 08/06/2013. The mechanism of injury was noted to be the patient had transferred 1 of her patients from a Geri-Chair to the bed, and was in the bathroom putting the patient's dirty clothes away. The patient heard a big noise in the room and ran to see what happened. Some shelves had fallen from the patient's wall into the patient's bed, and the patient reported knee pain. The patient's diagnosis was noted to be right knee internal derangement, plus history of torn medial meniscus. The patient reported occasional mild stress and depression, accompanied by occasional moderate headaches and neck muscle tension. The patient had constant right knee moderate to frequency severe pain. There was tenderness to palpation at the trochanteric. The request was made for Prilosec 20 mg twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S'.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the patient had gastritis due to medications, however the duration of use and efficacy of the medication could not be established with submitted documentation. There was a lack of documentation indicating the patient had signs or symptoms of dyspepsia. The clinical documentation submitted for review failed to indicate the patient was on NSAIDs or other medications to support the necessity for a PPI. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for omeprazole DR, 20 mg, is not medically necessary.