

Case Number:	CM14-0000628		
Date Assigned:	01/17/2014	Date of Injury:	02/28/2013
Decision Date:	06/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 34-year-old male who reported an injury on 02/28/2013. Current diagnoses include cervical spine disc syndrome, bilateral shoulder rotator cuff syndrome, bilateral shoulder sprain, lumbar disc syndrome, bilateral knee sprain, bilateral knee osteoarthritis, bilateral knee lateral meniscal tear, bilateral knee medial mensical tear, joint pain, Bell's palsy, and headaches. The injured worker was evaluated on 08/26/2013. The injured worker reported persistent neck pain, low back pain, and left knee pain. Physical examination revealed right-sided facial paralysis secondary to Bell's palsy, an umbilical hernia, 4/5 upper extremity strength, limited lumbar range of motion, spasm, positive Valsalva and Kemp's testing, positive straight leg raising on the left, positive patellofemoral grinding bilaterally, limited knee range of motion bilaterally, and positive McMurray's testing. Treatment recommendations at that time included authorization for physical therapy and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, TAKEN AS DIRECTED TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular or increased risk factors for gastrointestinal events. There is also no quantity listed in the current request. The Omeprazole 20mg is not medically necessary and appropriate.