

Case Number:	CM14-0005290		
Date Assigned:	01/24/2014	Date of Injury:	02/24/2011
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine, 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 54-year-old male patient with a 2/24/11 date of injury. The patient was carrying material in both arms, when his right leg hit a towing hitch. It locked his right knee and hyperextended it. The patient underwent conservative treatment including a Synvisc injection and eventually underwent bilateral knee arthroscopic surgeries (the left knee arthroscopy was performed on 10/24/2012, and the right knee arthroscopy was performed on 01/16/13), which were not helpful. A progress report dated 6/20/13 indicted that the patient's knee pain was greater in the right knee. The pain was increased with standing, walking, or sitting. Exam findings on that date were scant but revealed there was constant crepitus. He noted to be was taking Norco 2 tablets per day, and it was recommended the patient continue his Synvisc injections. Treatment to date: Synvisc injections, bilateral arthroscopies. There was documentation of a previous 1/8/14 adverse determination, based on the fact that although there was an increased risk of GI events associated with chronic use of oral NSAIDs and pain medication, there was no indication that the patient had risk factors for developing GI events.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER OMEPRAZOLE

Decision rationale: CA MTUS support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There remains no report of gastrointestinal complaints or chronic NSAID use. The patient presented with severe pain in the lower back, and bilateral knees; right more than left. Treatment had included Norco, and Synvisc injections. There was no rationale given for the need of a proton pump inhibitor nor was there a description of gastric symptoms associated with the patient's medication use. Therefore, the request for OMEPRAZOLE 20MG BID #60 was not medically necessary.