

<b>Case Number:</b>	CM14-0006381		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/20/2007
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old male who has submitted a claim for bilateral knee pain and dysfunction, bilateral knee medial meniscus tears, and bilateral knee chondromalacia, associated with an industrial injury date of June 20, 2007. The medical records from 2011 through 2014 were reviewed. The progress report, dated 09/25/2013, showed bilateral knee pain and dysfunction with clicking, popping, catching, and giving way. The physical examination revealed patient was ambulating with walker. Also, the patient was using a brace on the left knee. Tenderness was noted over the joint lines with swelling. McMurray sign was positive but negative for Lachman, Drawer, Varus, and Valgus stress test. A sensory and motor examination was intact. The treatment to date has included L4-5 microdiscectomy (May 2011), physical therapy, acupuncture therapy, and medications. A utilization review from 12/13/2013 denied the request for the purchase of Omeprazole 20mg #60 because the patient did not present with sufficient subjective and objective evidence of any gastrointestinal symptoms that would have required the requested medication. Furthermore, the patient did not possess the risk factors recommended by the current guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS, GI Symptoms and Cardiovascular Risk..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk, page(s) 68 Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include age over 65 years; a history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Proton pump inhibitors should be prescribed for patients with intermediate risk factors. In this case, a progress report, dated 09/25/2013, cited an abnormal upper gastrointestinal series in 2010 and a previous history of ulcers which necessitates a proton pump inhibitor. Therefore, the request for purchase of Omeprazole 20mg #60 is medically necessary.