

<b>Case Number:</b>	CM14-0009913		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/26/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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:

The patient is a 47-year-old male who has submitted a claim for right anterior cruciate, medial and lateral menisci tear, and chondromalacia, medial and lateral compartments, right knee status post arthroscopic partial medial and lateral meniscectomies, meniscal repair and chondroplasty associated with an industrial injury date of November 26, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in his right knee accompanied by weakness and instability. He also complained of moderate gastrointestinal distress brought about by stress and anxiety. Physical examination showed tenderness along the medial joint line, lateral joint line, and underneath the patella. McMurray's test was positive. Lachman's and anterior drawer tests were positive. The patient's right knee range of motion was limited with flexion only to 125 degrees. There was crepitation noted on range of motion. The treatment to date has included right knee arthroscopic partial medial/lateral meniscectomy with resection and chondroplasty 3/04/2011 followed by post-operative Physical Therapy (PT), acupuncture, a knee brace, and medications, which include Norco, Naproxen, Ibuprofen, Gabapentin and Omeprazole. Medical records did not provide date of initial intake but the earliest record of intake was May 2013, which was derived from progress report dated 6/09/2013. Utilization review from December 27, 2013 denied the request for Omeprazole 20mg #60 because the medical necessity for Omeprazole was not clearly demonstrated by the medical records provided. The report also did not identify that the patient had gastrointestinal symptoms or that the patient was at high risk for a Gastrointestinal (GI) event.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK. Decision based on Non-MTUS Citation ODG-TWC: Pain -PPI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**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. The risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAIDs. In this case, although the patient reported gastrointestinal distress secondary to opioid use, it is unclear whether or not the patient is still on Norco since a progress report dated 3/3/2014 indicated discontinuation of the patient's medications because the request for medications was denied. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.