

<b>Case Number:</b>	CM14-0106361		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physician Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57-year-old male was reportedly injured on 9/20/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 7/2/2014, indicated that there were ongoing complaints of bilateral knee pains. The physical examination demonstrated bilateral knee positive tenderness to palpation over the peripatellar region and medial/lateral joint lines. There was positive crepitation bilaterally, positive McMurray's test bilaterally, and decreased range of motion 0-10. Muscle strength was 3/5. Lumbar spine had positive tenderness to palpation over the paravertebral muscles and SI joint with muscle guarding and decreased range of motion. No recent diagnostic studies are available for review. Previous treatment included previous knee arthroscopy, medications, and conservative treatment. A request had been made for Prilosec 20 mg #30 and was not certified in the pre-authorization process on 6/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of Gastroesophageal Reflux Disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. An unspecified GI disorder has not been documented in the claimant's history or as a diagnosis for this claimant. Therefore, the use of this medication is deemed not medically necessary.