

Case Number:	CM14-0011645		
Date Assigned:	02/21/2014	Date of Injury:	12/22/1997
Decision Date:	08/12/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/29/2014

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 female with a 12/22/97 date of injury. The mechanism of injury was not noted. According to a 7/8/13 progress note, the patient complained of intermittent moderate bilateral knee pain. She was not working. She was taking medications and using topical creams. Objective findings: range of motion of the cervical spine is normal, range of motion of the lumbar spine is decreased, tenderness of lumbar spine, range of motion of the left knee is decreased, tenderness of lateral joint line. Diagnostic impression: myoligamentous strain of the lumbar spine, myoligamentous strain of the cervical spine, inflammatory process of the bilateral knees by history. Treatment to date includes: medication management, activity modification. A UR decision denied the request for Omeprazole. However, the date and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 60 OMEPRAZOLE D.R. 20 MG, RELATED TO THE CERVICAL SPINE, LUMBAR SPINE AND BILATERAL KNEE SYMPTOMS/INJURY BETWEEN 9/25/2013 AND 9/25/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or
Medical Evidence: FDA (Omeprazole).

Decision rationale: MTUS and the FDA 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. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. According to the progress notes provided, the patient has been on Anaprox since at least 5/22/13, if not earlier. Guidelines support the use of Omeprazole in patient utilizing chronic NSAID therapy. Therefore, the request for retrospective request for 60 Omeprazole D.R. 20 mg, related to the cervical spine, lumbar spine and bilateral knee symptoms/injury between 9/25/2013 and 9/25/2013 is medically necessary.