

Case Number:	CM14-0117690		
Date Assigned:	08/06/2014	Date of Injury:	05/03/2012
Decision Date:	10/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family 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 38-year-old female who has submitted a claim for left knee internal derangement, lumbago, associated with an industrial injury date of May 30, 2012. Medical records from 2014 were reviewed. The latest progress report, dated 06/13/2014, showed neck, lower back and left knee pain with radiation to the left leg. The pain was associated with numbness and weakness in the left leg. The pain was described as sharp and pressure like with muscle pain and pins and needles sensation in the left knee and burning with skin sensitivity to light touch in the lower back, as well as sweating. Physical examination revealed restriction of lumbar spine range of motion. There was tenderness over bilateral lumbar paraspinal muscles. There was no sciatic notch tenderness, no gluteal spasm, and no piriformis spasm. There was positive lumbar facet loading maneuver bilaterally. There was negative straight leg raise test bilaterally in the seated and supine position. There was tenderness over the medial and lateral joint lines of the left knee. There was negative anterior drawer test, negative posterior drawer test, negative varus/valgus instability, and negative McMurray's test. Treatment to date has included exercise program, physical therapy, chiropractic therapy, intra-articular steroid injections, and medications such as Prilosec. Utilization review from 07/16/2014 denied the request for the purchase of Prilosec 20mg 30x1 cap bottle because the patient was prescribed Omeprazole on a prophylaxis basis because an NSAID was also prescribed. Its prophylactic use was not necessary since the NSAID was not certified. Additionally, there was no primary GI disease. There were no secondary GI side effects subsequent to prolonged use of multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg twice a day #60 x I CAP Bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory's (NSAID's) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The patient is at risk for gastrointestinal events if age > 65 years, has a history of peptic ulcer, GI bleeding or perforation, on concurrent use of ASA, corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAID. Proton pump inhibitors should be prescribed among patients with intermediate risk factors. In this case, the patient is on Prilosec for an unspecified time. There was no GI complaints or GI risk factors. The medical necessity was not established. Therefore, the request for Prilosec 20mg twice a day #60 x 1 cap bottle is not medically necessary.