

Case Number:	CM14-0129268		
Date Assigned:	09/22/2014	Date of Injury:	04/02/1999
Decision Date:	10/23/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 70-year-old male who reported an injury on 04/02/1999. The mechanism of injury was not provided. The injured worker is diagnosed with right knee pain status post knee replacement in 11/2001, status post left total knee replacement on 12/03/2012, secondary depression due to above diagnoses, and insomnia due to continued knee pain. The injured worker's past treatments included medications, surgery, and home exercise program. In the clinical note, dated 08/25/2014, the injured worker complained of bilateral knee pain rated 3/10. The injured worker had range of motion to the right knee with flexion at 90 degrees and 110 degrees to the left knee. There was a clicking/popping noted with range of motion on the right knee. The injured worker's medications included Prilosec 20 mg 1 to 2 daily, Percocet 10/325 mg 3 times a day, Soma 350 mg twice a day. The request was for Prilosec 20 mg. The rationale for the request was due to NSAID causing GI upset. The Request for Authorization was submitted on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, QTY: Unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: The request for Prilosec 20mg, QTY: Unknown is not medically necessary. The injured worker is status post bilateral knee replacement. The California MTUS recommends the use of proton pump inhibitors with the use of non-steroidal anti-inflammatory drugs (NSAIDs) if the patient is at high risk for gastrointestinal (GI) events. The medical records indicate the injured worker has GI upset from NSAIDs. The injured worker's medical records lacked documentation of a history of peptic ulcer, GI bleeding, or perforation. Additionally, the request does not indicate the frequency or quantity of the medication. As such, the request for Prilosec 20mg, QTY: Unknown is not medically necessary.