

<b>Case Number:</b>	CM14-0137182		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/13/2005
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 53 year old female who reported an injury on 07/13/2005 due to a fall. The injured worker was diagnosed with trauma to the left knee. Past medical treatment included medications. Diagnostic testing included x-rays of the left knee and an MRI of the lumbar spine on 04/15/2011. The injured worker underwent left knee arthroscopic debridement with probable meniscectomy the date was not indicated. The supplemental report dated 01/18/2012 referenced the examination date of 04/11/2011 where the injured worker complained of pain to the lumbar spine and left knee. Medications were not provided in the submitted documentation. The treatment plan was for omeprazole 20mg take 1 2x/day #60. The rationale for the treatment was not submitted. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg Take 1 2x/day #60:** Upheld

**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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Omeprazole 20mg take 1 2x/day #60 is not medically necessary. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. There is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms. The requesting physician did not provide a recent clinical note with an adequate and complete assessment of the injured worker. Therefore the request for Omeprazole 20mg take 1 2x/day #60 is not medically necessary.