

Case Number:	CM14-0152573		
Date Assigned:	09/22/2014	Date of Injury:	12/01/2005
Decision Date:	10/23/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/18/2014

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 Ohio. 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 56-year-old male who reported an injury on 12/01/2005. The mechanism of injury was a fall. Diagnoses included status post right ankle arthrodesis with fibrous union by history and status post total knee arthroplasty to the left knee. Past treatments included medication. Pertinent diagnostic testing was not provided. Pertinent surgical history was not provided. The clinical note dated 04/08/2014 indicated the injured worker complained of pain in the left knee and right ankle. Physical examination revealed swelling of the knees bilaterally and joint line tenderness to the left knee. Current medications were not provided. The treatment plan included omeprazole DR 20 mg #30 plus 2 refills. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30 plus 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68.

Decision rationale: The request for Omeprazole DR 20mg #30 plus 2 refills is not medically necessary. The California MTUS Guidelines indicate that patients at risk for gastrointestinal events include those over the age of 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or are on high dose/multiple NSAIDs. Nonselective NSAIDs are recommended for patients with no risk factor and no cardiovascular disease. The injured worker complained of left knee and right ankle pain. Current medications were not provided, so it is unclear how long the injured worker had been taking the requested medication. There is a lack of clinical documentation to indicate that the injured worker had a history of, or was at risk for, a gastrointestinal event. Additionally, the request does not indicate the frequency for using the medication. Therefore, the request for Omeprazole DR 20mg #30 plus 2 refills is not medically necessary.