

Case Number:	CM14-0165260		
Date Assigned:	10/10/2014	Date of Injury:	03/10/2014
Decision Date:	11/24/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 Utah. 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 59 year-old male. The patient's date of injury is 3/10/2014. The mechanism of injury is not described. The patient has been diagnosed with cartilage loss in the knee, and knee pain. The patient's treatments have included a home exercise program, TENS unit, heat therapy, CMT, imaging studies and medications. The physical exam findings dated 6/18/2014 shows positive tenderness to palpation of the R knee and R ankle. The patient uses a cane when walking. The gait is reported as antalgic. The patient's medications have included, but are not limited to, Gabapentin, Menthoderm, Omeprazole, and Naproxen. The request is for Omeprazole. There is no history or review of systems given for the gastrointestinal system. There is one progress note that states GI+, but no additional specific information given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 57,68,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of Omeprazole, as stated in the above request, is determined not to be a medical necessity at this time.