

Case Number:	CM14-0166875		
Date Assigned:	10/14/2014	Date of Injury:	09/28/2006
Decision Date:	12/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 American Board of Internal 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 injured worker (IW) is a 54-year-old man with a date of injury of September 26, 2006. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated September 9, 2014, the IW complains of left knee pain. Pain level remains unchanged from last office visit. Quality of sleep is poor. Activity level remains the same. Objective findings include left sided antalgic gait, assisted by a cane. Lumbar spine range of motion is restricted with flexion limited to 65 degrees; extension is limited to 15 degrees limited by pain. On palpation, paravertebral muscles, tenderness and tight muscle band is noted on the left side. There is tenderness noted over the sacroiliac spine, the left hip and left knee. Current medications include: Cialis 20mg, Miralax, Lidoderm %5 patch, Colace 250mg, Biotene mouthwash, Pennsaid 1.5% solution, Ambien 10mg, Norco 10/325mg, Baclofen 10mg, Omeprazole 20mg, Phenergan 25mg, and Gabapentin 300mg. The only documented diagnosis is left knee pain. The IW has completed 12 session of aquatic therapy for his low back, and was recently approved for 3 more sessions. Authorization for TENS unit is pending. Treatment plan recommendations include medication refills. The provider documents that the IW is taking Omeprazole to help with gastritis and prevent nausea. Without it he cannot eat due to upset stomach and stomach nausea. Gastrointestinal examination revealed negative abdominal pain, negative belching, and negative bloating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG 1 Twice Daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Effects, Cardiovascular Risks Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg one twice a day #60 is not medically necessary. Omeprazole is a proton pump inhibitor. It is generally indicated when patients take non-steroidal anti-inflammatory drugs and the patient has the following risk factors for gastrointestinal events. The following risk factors include, but are not limited to, age greater than 65, history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids or anticoagulants; and high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker does not have any comorbid problems or issues relating to the gastrointestinal tract. Review of systems was negative for abdominal pain and bloating. There were no problems relating to peptic ulcer disease or G.I. bleeding. The injured worker is taking Cialis, Miralax, Lidoderm patch, Colace capsule, Biotene mouthwash, Ambien, Norco and Baclofen. Consequently, there is no documentation to support the use of Omeprazole 20 mg one pill twice a day # 60. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Omeprazole 20 mg one twice a day #60 is not medically necessary.