

Case Number:	CM14-0177452		
Date Assigned:	10/30/2014	Date of Injury:	10/21/2004
Decision Date:	12/08/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 10/21/04. A utilization review determination dated 9/26/14 recommends denial of Omeprazole. 9/18/14 medical report identifies right knee pain radiating to bottom of feet. Pain medications alleviate some of the pain. On exam, there is tenderness of the right knee with decreased Range of Motion (ROM), and antalgic gait. Patient is taking Norco, tramadol, and Soma. Omeprazole was also recommended for Gastroesophageal Reflux Disease (GERD) symptoms due to chronic pain medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that Proton Pump Inhibitors (PPI's) are appropriate for the treatment of dyspepsia secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the

provider notes that the patient had Gastroesophageal Reflux Disease (GERD) symptoms with chronic medication use. In light of the above, the currently requested Omeprazole (Prilosec) is medically necessary.