

Case Number:	CM14-0042797		
Date Assigned:	07/07/2014	Date of Injury:	04/02/2010
Decision Date:	08/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Practice 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:

48 yr. male claimant sustained a work injury on April 2, 2010 involving the right knee. He was diagnosed with a meniscal tear. An exam note on November 22, 2013 indicated he had tenderness over the right medial joint line and reduced range of motion. A McMurray's test was positive. He had undergone therapy and was previously offered surgery. At the time his pain was managed with Norco and Naproxen. He was given Prilosec 20 mg as a gastric protectant. A progress note from February 7, 2014 indicated the claimant had bilateral knee pain. Exam findings were consistent showing right knee spasms upon palpation with swelling and restricted range of motion. He was continued on the Norco, Naproxen and Prilosec. A cane was prescribed with a 4 week follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.