

Case Number:	CM14-0048464		
Date Assigned:	04/25/2014	Date of Injury:	09/18/2013
Decision Date:	07/07/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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, 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 underlying date of injury in this case is 09/18/2013. The patient's diagnoses include abilateral upper extremity and elbow sprain/strain, medial epicondylitis, lumbar sprain with acutebilateral lower extremity radicular symptoms, left knee sprain with possible internalderangement, arthrosis of the left knee with torn medial meniscus, and overuse of the right kneestatus post the left knee injury. On 01/17/2014, the patient was seen in pain management followup. The patient reported that a combination of Norco and naproxen was helpful for pain control, although the patient had dyspepsia. The patient still had symptoms of pain in his left knee. AnMRI of the left knee demonstrated severe arthrosis at the medial compartment with degenerativetearing of the posterior horn and body of the medial meniscus. The treatment plan recommendedincluded an orthopedic surgical consultation, trial of omeprazole due to dyspepsia, and a trail ofVoltaren Gel for painful osteoarthritis of the left knee. An initial physician review stated that themedical records did not establish that this patient has osteoarthritis in his knee to warrantconsideration of topical application. That reviewer recommended non-certification of thisrequest. A prior physician review noted that Naprosyn and Norco had been noncertified due to symptoms of dyspepsia. That physician review therefore recommended non-certifying the request for omeprazole

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications And Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 68, state that the clinician should determine if the patient is at risk for gastrointestinal events. Such risk factors include a history of peptic ulcer, gastrointestinal bleeding, or perforation. In this case, oral anti-inflammatory medication has recently been discontinued. The risk factor for gastrointestinal symptoms, however, would not immediately disappear upon discontinuation of anti-inflammatory medications since the patient could pathologically have underlying gastritis. It would be appropriate to clearly review the patient's ongoing gastrointestinal symptoms at the time of the next medication renewal for omeprazole after anti-inflammatory medications have been discontinued. Under the timeframe under review, however, the decision to non-certify anti-inflammatory medications would not immediately reduce the risk for gastrointestinal symptoms. For these reasons, the request for omeprazole is supported by the medical guidelines. This request is medically necessary and appropriate.