

Case Number:	CM14-0055179		
Date Assigned:	07/07/2014	Date of Injury:	02/01/2010
Decision Date:	08/25/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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 Texas and Oklahoma. 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 is a 50-year-old male with a reported date of injury on 02/01/2010. The mechanism of injury occurred when the injured worker was holding onto a high pressured industrial air hose and it went out of control, hitting him in the mid leg on the right side, causing him a tib/fib fracture. His diagnoses consisted of chronic patella tendon pain from scar tissue and status post rod through the patella tendon. The injured worker has had previous treatments of physical therapy, the use of a TENS unit, and injections. The injured worker had an examination on 01/08/2014. The exam noted that the injured worker had received injections two weeks prior, but there was no reported relief as of the visit. The injured worker had decreased strength and range of motion to the right knee. The injured worker also had spasms to the right quad. The medication list consisted of Omeprazole, Flexeril, and Advil. The plan of treatment was to fill his medications. The provider's rationale for the request was not provided. The Request for Authorization was signed and dated for 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, 1 tab po qd/bid #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID ,GI symptoms and cardiovascular risk, page(s) 68 Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg, 1 tab po qd/bid #100 is not medically necessary. The California MTUS Guidelines do recommend the use of Omeprazole if it is determined that the injured worker is at risk for gastrointestinal events. Risk factors for gastrointestinal events include being over the age of 65, having a history of peptic ulcer or GI bleed or perforation, or concurrent use of aspirin, use of corticosteroids, and/or an anticoagulant, and a high dose or multiple NSAIDs. The injured worker is not over the age of 65. He does not have a history of a peptic ulcer or GI bleed, and there is no concurrent use of aspirin, corticosteroids, or anticoagulants. The injured worker has no complaints of gastrointestinal issues. There is no documentation indicating the injured worker has symptoms of gastrointestinal events. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Omeprazole 20 mg is not medically necessary.