

<b>Case Number:</b>	CM14-0059849		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Occupational 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:

Patient is a 31 year-old male with date of injury 09/24/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/09/2014, lists subjective complaints as pain in the left knee. Objective findings: Examination of the left knee revealed tenderness to palpation. There was not swelling or edema noted and gait was normal. Diagnosis: 1. Knee pain 2. Meniscus tear. Patient is currently using a TENS unit and claims it helps considerably reduce his pain symptoms. The medical records supplied for review were insufficient in determining whether the patient had been prescribed the following medication before the date of the request for authorization on 04/09/2014. Medications: Omeprazole 20mg, #60. No SIG provided him.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**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 9792.20 - 9792.26 Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines and prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Therefore the request is not medically necessary.

**TENS (transcutaneous electrical nerve stimulation) patches, #4 purchase Left Knee:**  
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 9792.20 - 9792.26 Page(s): 68.

**Decision rationale:** Medical record does contain documentation for a trial of the TENS unit and documentation of improved pain relief. The majority of the criteria for authorization of a TENS unit have been met. I am reversing the previous utilization review decision.