

<b>Case Number:</b>	CM14-0070412		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/20/2004
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Interventional Spine 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 patient is a 45 year old male with an injury date on 10/20/2004. Based on the 04/18/2014 progress report provided by [REDACTED] the patient complains of right knee pain which worsen at night. His current medications include Gabapentin 300 mg, Omeprazole Dr 20 mg, Relafen 500 mg, and Vicodin Es 7.5 mg. The progress reports provided do not discuss any positive exam findings. The diagnoses include the following: 1. Pain in Limb 2. Reflex Sympathetic Dystrophy of Lower Limb 3. Chronic Pain-Syndrome 4. Myalgia and Myositis Not Otherwise Specified 5. Sleep Disturbance Not Otherwise Specified 6. Encounter of Long-Term Use of Other Medication. [REDACTED] is requesting for Omeprazole DR 20mg Qty: 30. The utilization review determination being challenged is dated 05/07/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/9/2013 to 04/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg QTY:30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS Recommend with precautions as indicated belo.

**Decision rationale:** According to the 04/18/2014 report by [REDACTED], this patient presents with right knee pain. The treater is requesting for Omeprazole DR 20mg Qty: 30. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state omeprazole is recommended with precautions and that clinician should weight indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. GI assessment is required for prophylactic use of proton-pump inhibitors (PPI) for chronic NSAID use. GI risk factors include age 65; concurrent use of anticoagulants, ASA, or high dose of NSAIDs; history of PUD or bleeding ulcers, etc. Based upon review of the reports 04/18/14 and 1/13/14 by [REDACTED], there are no reporting of patient's GI risk factors. Furthermore, the treater does not discuss why this medication is being prescribed and with what effectiveness. There are no discussions regarding any GI issues. The requested treatment is not medically necessary and appropriate.