

Case Number:	CM14-0072829		
Date Assigned:	07/16/2014	Date of Injury:	01/27/2010
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/20/2014

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 Illinois. 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:

This injured worker is a woman with a history of hyperlipidemia and hypertension who injured her knee and left hand on January 27, 2010. She had tenderness on the medial and lateral aspects of both knees and her left hand. She has been taking Naprosyn, Tramadol, Omeprazole and compounded creams. An evaluation performed on October 3, 2013 revealed 8/10 bilateral knee pain and 7/10 pain in her left hand, tenderness on the medial and lateral aspects of both knees and mild pain with knee flexion and extension. A report dated October 24, 2013 stated the worker take over-the-counter medications for flare-ups. On November 21, 2013, the worker had 8/10 bilateral knee pain and 2/10 left hand pain. On February 21, 2014, the worker stated she had 9/10 bilateral knee pain and 4/10 left hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole for bilateral knee strain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: Omeprazole is indicated in patients at high risk for gastrointestinal events, who are recommended to take Cox-2 selective agents plus proton-pump inhibitor if indicated. Omeprazole is a proton-pump inhibitor. Healing doses of proton-pump inhibitors are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In general, the use of a proton-pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Proton-pump inhibitors are highly effective for their approved indications, including preventing gastric ulcers induced by non-steroidal anti-inflammatory drugs. Studies suggest, however, that nearly half of all proton-pump inhibitor prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. There is no documentation that this worker, with hand and knee pain, has any gastrointestinal risk factors or prior history of gastritis or gastrointestinal bleeding. Therefore, the use of Omeprazole is considered not medically necessary.