

Case Number:	CM14-0076256		
Date Assigned:	07/16/2014	Date of Injury:	06/30/2003
Decision Date:	09/16/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	05/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old gentleman was reportedly injured on June 30, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 12, 2014, indicates that there was a right tibial stress fracture following a right total knee arthroplasty. Current medications include Norco, ibuprofen, Lisinopril, Atenolol, and Prilosec. The physical examination demonstrated tenderness over the area tibial band and the lateral joint line of the left knee. There was significant left quadriceps atrophy. Diagnostic imaging studies of the right knee were negative but there was a positive bone scan. Previous treatment includes a left knee total knee arthroplasty and oral medications. A request had been made for Prilosec and was not certified in the pre-authorization process on May 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory (NSAIDs) medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.