

Case Number:	CM14-0076828		
Date Assigned:	08/27/2014	Date of Injury:	08/09/2012
Decision Date:	10/09/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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:

There were 179 pages for review. The medical services that were denied or modified were omeprazole 20 mg number 30. The request for independent medical review was signed on May 21, 2014. Per the records provided, the patient was described as a 58-year-old man who was injured on August 9, 2012. He underwent right knee repair for complex tear of the posterior horn of the medial meniscus, partial synovectomy and abrasive chondroplasty of the medial femoral condyle back on December 13, 2012. The pain is eight out of 10 in the low back, right knee, right ankle and right foot. There is constant low back pain with radiation both feet, right greater than left. Examination of the lumbar spine showed tenderness, spasms, and some positive physical examination signs. There was a previous peer review on April 21, 2014 which was a recommendation to non-certify a request for omeprazole. The records do not establish that the patient suffers from acid induced inflammation and ulcers of the stomach into Watson on were gastroesophageal reflux disease. Also there is no met indication that the patient has gastric side effects from nonsteroidal anti-inflammatory use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation AstraZeneca Pharmaceuticals, (June 2004)

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

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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 (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review.