

Case Number:	CM14-0091728		
Date Assigned:	07/25/2014	Date of Injury:	01/14/2006
Decision Date:	09/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/17/2014

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 Internal 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:

The injured worker is a 61 year old male who sustained an injury on 01/14/06 when he sustained a crush injury to the right knee and left ankle by a forklift. The injured worker has had extensive surgical intervention for the right knee which has required long acting as well as short acting narcotic medications to control his pain. The injured worker has completed a total of 8 surgical procedures for the right knee but no surgery has yet been performed for the left ankle. Following right knee replacement, the injured worker continued to have chronic pain which was being controlled by Norco and OxyContin. The injured worker was then changed from OxyContin to Opana ER; however, due to poor efficacy and side effects, OxyContin was again prescribed. Dosages ranged from 40-80mg 2-3 times a day to achieve pain control. The injured worker was utilizing Norco for breakthrough pain relief. The clinical report from 05/16/14 indicated that the injured worker did not wish to proceed with a spinal cord stimulator trial. The injured worker did wear braces for both the right knee and left ankle. The injured worker was felt to be stable with the current prescription of OxyContin at a maximum dose of 60mg 3 times daily. The injured worker was also utilizing Norco for breakthrough pain. Other medications included Lyrica 100mg 2-3 times a day as well as Omeprazole 20mg daily. The injured worker's physical examination noted limited range of motion at the right knee on flexion and extension. There was also limited range of motion noted in the left knee as well as the lumbar spine. Diffused tenderness to palpation in the right knee was present. There was also noted weakness at the right hip flexors and at the knee. The injured worker was recommended to continue with the currently prescribed medications for pain control. A follow up on 07/01/14 noted persistent complaints of right lower extremity pain. The injured worker was reported to have significant right lower extremity pain that was felt to be severe without medications and only moderately controlled with medications. The injured worker's physical examination findings were not substantially

changed. The injured worker felt that his pain was unbearable without narcotic medications. The requested Omeprazole 20mg was denied by utilization review on 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DF (Prilosec) 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the use of Omeprazole DF 20mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Furthermore, the request is not specific in regards to frequency, quantity, or duration. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.