

<b>Case Number:</b>	CM14-0093572		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 57 year-old individual was reportedly injured on July 17, 2012. The mechanism of injury is noted as a slip after losing his footing. The most recent progress note, dated May 27, 2014 indicates that there are ongoing complaints of pain in the knee. The physical examination demonstrated that the claimant lacks full extension by approximately 3 and had 100 of flexion. Diagnostic imaging studies included an magnetic resonance imaging (MRI) of the left knee showing medial meniscus degeneration and patellar tendinitis. Previous treatment includes surgery, physical therapy, Visco supplementation, and activity modifications. A request had been made for Prilosec 20 mg #30 and was not certified in the pre-authorization process on June 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records fails to document any signs or symptoms of gastrointestinal (GI) distress which would require PPI treatment. As such, this request is not considered medically necessary.