MAXIMUS Federal Services

Case Number:	CM14-0097582		
Date Assigned:	07/25/2014	Date of Injury:	09/24/2010
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old male who reported an injury on 09/24/2010. The mechanism of injury was not provided for clinical review. The diagnoses included left knee pain and mechanical symptoms, left knee lateral meniscus tear, left knee chondromalacia, stress and anxiety, and status post left knee partial meniscectomy. The previous treatments included medication, surgery, and aquatic therapy. Within the clinical note dated 05/07/2014, it was reported the injured worker complained of left knee pain. He rated his pain 6/10 in severity. The injured worker complained of mild swelling, popping, and clicking. Upon physical examination, the provider noted the injured worker had tender patellar facets. The injured worker had tenderness of the lateral joint line. The provider noted the injured worker had a positive patellofemoral compression test. The range of motion was 0 degrees to 130 degrees. The provider requested Prilosec. However, a rationale was not provided for clinical review. The Request for Authorization was submitted on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg 1 capsule twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Pain Chapter, Prilosec.

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

Decision rationale: The request for Prilosec 20 mg 1 capsule twice a day #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is a lack of documentation indicating the injured worker was at risk for gastrointestinal events. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.