

Case Number:	CM14-0109676		
Date Assigned:	08/01/2014	Date of Injury:	02/23/2007
Decision Date:	02/25/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 45-year-old male with an injury date of 02/23/07. Based on the 06/19/14 progress report provided by treating physician, the patient complains of bilateral knee and low back pain rated 04/10 with and 6-7/10 without medication. Patient is status-post knee surgery of 03/13/14. Physical examination of the medial joint line and patellar ligament revealed tenderness to palpation and full range of motion. Per progress report dated 06/19/14, patient's medications include Norco, Gabapentin, flexeril, Exalgo, Lunesta, and Omeprazole. Omeprazole was included in progress reports dated 11/05/13, 4/24/14, 05/22/14, and 06/19/14. Patient states that "these medication help reduce his pain and increase his quality of life" and he is able to walk for 15 minutes more with the help of these medications. Of note, per progress report dated 11/05/13, patient was also taking Naproxen. Per progress report dated 06/19/14, the treater is requesting Prilosec "to help with GI upsets caused by his medications." Patient is permanent and stationary. Diagnosis 06/19/14-Chondromalacia of patellofemoral joint-Grade III -Insomnia-Dysthymic disorder-Muscle pain-Lumbar facet joint pain-Lumbar degenerative disc disease-Low back pain-Knee pain-chronic pain syndrome-Lateral meniscus tear-Medial meniscus tear. The utilization review determination being challenged is dated 06/27/14. The rationale is "... this patient is not at intermediate risk of GI event---..." Treatment reports were provided from 03/13/13 - 06/19/1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with bilateral knee and low back pain rated 04/10 with and 6-7/10 without medication. The request is for Prilosec 20 mg quantity 60. Patient is status-post knee surgery of 03/13/14. Patient's medications include Norco, Gabapentin, flexeril, Exalgo, Lunesta, and Omeprazole. Of note, per progress report dated 11/05/13, patient was also taking Naproxen. Omeprazole was included in progress reports dated 11/05/13, 4/24/14, 05/22/14, and 06/19/14. Patient is permanent and stationary. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Prilosec, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Per progress report dated 06/19/14, the treater is requesting Prilosec "to help with GI upsets caused by his medications." Upon reviewing the medical reports, it is acknowledged that the patient was taking Naproxen; however, there is no specific documentation of GI risk assessment for prophylactic use of PPI, as required by MTUS. There is no record of gastric problems, anticoagulants medications or ASA. Patient is not over the age of 65. Furthermore, it has been more than 6 months from the UR date of 06/27/14, and treater has not indicated how the patient is doing, and why he needs to continue. Given lack of documentation as required by MTUS guidelines, the request is not medically necessary.