

<b>Case Number:</b>	CM14-0171377		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Orthopedic Surgery 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:

Claimant was reported industrial injury December 27, 2012. Current diagnosis includes status post right knee arthroscopic lateral medial meniscus tear and sprain of knee and leg. On exam note of September 24, 2014 the injured worker is status post right knee surgery and has complaints of significant right knee pain. Physical examination of the right knee demonstrates an antalgic gait favoring the right side. Difficulty is noted in squatting and sitting with midline joint discomfort as well as an effusion. Right knee flexion is noted to be from 0 to 230 positive patellar grind test is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

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

**Decision rationale:** Per the California MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The

cited records from 9/24/14 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, this request is not medically necessary and appropriate.