

Case Number:	CM14-0173087		
Date Assigned:	10/23/2014	Date of Injury:	03/03/2005
Decision Date:	03/23/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 62 year old male with an industrial injury dated 03/03/2005. His diagnoses include bilateral shoulder strain/sprain, bilateral shoulder internal derangement, and status post bilateral knee arthroscopy with residual symptoms. Recent diagnostic testing was not submitted or discussed. He has been treated with medications and previous physical therapy (per the utilization report). In a progress note dated 12/20/2011, the psychologist reports constant burning , stiffness and needles type pain in the left middle finger, moderate to severe pain in the bilateral knees with popping, weakness and inability to stand walk, sit or drive and instability symptoms. The here were no objective findings and no current reports or clinical notes submitted in the clinical records. The utilization report refers to a recent exam that reported continued pain to the bilateral shoulders and persistent and increased pain to both knees. Per this report, the objective findings included tenderness to the knees with limited range of motion. There were no reported complaints of gastrointestinal symptoms. The treating physician is requesting Prilosec which was denied by the utilization review. On 09/23/2014, Utilization Review non-certified a prescription for Prilosec 20mg #30, noting the absence of gastrointestinal complaints or symptoms, or a history of gastrointestinal disease. The MTUS Guidelines were cited. On 10/20/2014, the injured worker submitted an application for IMR for review of Prilosec 20mg #30.

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 NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20mg one every morning #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are bilateral shoulder sprain/strain; bilateral shoulder internal derangement; and status post bilateral knee arthroscopy with residual symptoms. The documentation in the medical record does not contain an orthopedic or a primary physician's progress note. There are psychology progress notes in the medical record. There is no documentation of comorbid conditions compatible with peptic ulcer, G.I. bleeding or concurrent use of aspirin, etc. Consequently, absent documentation to support ongoing use of omeprazole without risk factors for G.I. events, Omeprazole 20 mg one every morning #30 is not medically necessary.