

Case Number:	CM14-0179297		
Date Assigned:	11/03/2014	Date of Injury:	04/19/2014
Decision Date:	03/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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: Preventive Medicine, Occupational 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:

This is a 50 year old female who suffered a work related injury, from a fall, on 04/19/2014. Diagnoses include lumbar sprain/strain, internal derangement of knee, and internal derangement of the ankle and foot. Treatment has included medication, physical therapy, ice and heat packs, and electrical stimulation. At present she continues experiencing constant pain in her left knee and right ankle along with intermittent pain in her low back. Sleep problems also bother her due to pain, discomfort and stress. The injured worker is currently not working. In a physician note dated 10/9/2014, documents the injured worker complains of intermittent, achy pain in her low back which she rates as 3-4 out of 10. Pain radiates to her left shoulder and hand and is associated with numbness. She has constant, achy, and throbbing pain in her left knee, which she rates as 7-8 out of 10 and the pain radiates to her thigh, especially when sitting longer than 13-15 minutes. The injured worker has constant achy and throbbing pain in her right ankle which she rates as 7-8 out of 10. Her pain radiates to the lower part of her leg. On physical examination there is spasm present in the paraspinal muscles and range of motion is restricted. Her left knee is tender to palpations McMurray's test is positive on the left. There is tenderness to pressure over the left ankle joint. Physician is waiting for the results of a Magnetic Resonance Imaging. Treatment requested is for omeprazole 20mg daily. Utilization Review dated 10/21/2014 non-certifies the request for Omeprazole 20mg daily citing California Medical Treatment Utilization Schedule(MTUS), American College of Occupational and Environmental Medicine(ACOEM), and MTUS Chronic Pain. In this case there is no documentation of either the clinical effectiveness of the medication (it has been used long term). Medical records do not

indicate a presence of gastrointestinal complaints or documents the presence of gastrointestinal side effects that might warrant the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QD (quantity not given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI's).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg QD (quantity not given) is not medically necessary.