

<b>Case Number:</b>	CM14-0189309		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 41 year old female who was injured at work on 12/12/12. She is reported to be complaining of 8/10 right knee pain, 6/10 left knee pain, swelling of the right knee, achy feeling in the leg. The physical examination revealed limited range of motion of the knees, bilateral knee joint effusion (right more than left), tender right medial joint line, Negative Lachman's test, negative McMurray's test. The X-ray of bilateral knees done on 1/ 2/14 were normal; MRI revealed grade 2 chondromalacia of the left lateral facet; the right knee MRI revealed mild prepatella bursitis with reactive edema. The worker has been diagnosed of patella chondromalecia. Treatments have included Theremin, Sentra PM, Ketoprofen Cream, Senna, Prilosec, Cidaflex, Lidocaine patches, acupuncture, right and left Knee Braces. At dispute is the request for 3 Prilosec DR 20 MG #30 2/D with 3 Refills Related to Bilateral Knee Symptoms, As an Outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Prilosec DR 20 MG #30 2/D with 3 Refills Related to Bilateral Knee Symptoms, As An Outpatient:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 12/12/12. The medical records provided indicate the diagnosis of patella chondromalecia. Treatments have included Theremin, Sentra PM, Ketoprofen Cream, Senna, Prilosec, Cidaflex, lidocaine patches, acupuncture, right and left Knee Braces. The medical records provided for review does not indicate a medical necessity for 3 Prilosec DR 20 MG #30 2/D with 3 Refills Related to Bilateral Knee Symptoms, As an Outpatient. The MTUS does not recommend the use of proton pump inhibitors in chronic pain management except if the patient is being treated with NSAIDs and has any falls into any of the following groups: 1) greater than 65 years; (2) has a history of peptic ulcer, GI bleeding or perforation; (3) on concurrent use of Aspirin corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin. The requested treatment is not medically necessary and appropriate since the records reviewed do not indicate the injured worker belongs to any of these groups.