

Case Number:	CM14-0193042		
Date Assigned:	11/26/2014	Date of Injury:	08/22/2011
Decision Date:	01/21/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Practice and is licensed to practice in Texas & Mississippi. 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 43 female who reported an injury on 08/22/2011. The mechanism of injury was a fall. Her diagnoses were noted to include right patellofemoral syndrome, gamekeeper's thumb on the left side, mild carpal tunnel syndrome on the left side, thoracolumbar sprain/strain, major depression, depressive and anxiety component, and left knee lateral meniscal tear. Past treatments were noted to include medications and surgery. On 10/16/2014, it was noted the injured worker was following up in regards to her bilateral knees. Upon physical examination, it was noted the injured worker had discomfort to her lumbar spine and intermittent tenderness in the extensor pollicis longus and abductor pollicis brevis. It was noted that her right knee had crepitus and her left knee had a catching sensation upon range of motion. Her medications were noted to include Fenoprofen, tramadol, and omeprazole. The treatment plan was noted to include medications. The request was received for omeprazole 20mg, #60 for prophylactic use to avoid gastric irritation. The Request for Authorization was signed on 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs proton pump inhibitors.

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

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors, such as omeprazole, are recommended for those at risk for gastrointestinal events including over 65 years of age, history of peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids, or a high dose or multiple NSAID use. It was noted that this patient had been taking Fenoprofen for pain and was prescribed omeprazole for prophylactic use. However, there was no documentation noting that this injured worker had previous gastrointestinal events, nor was its efficacy reported. In the absence of documentation noting that this injured worker was at risk for gastrointestinal events, and as its efficacy was not documented, the request is not supported by the evidence based guidelines. As such, the request for omeprazole 20mg, #60 is not medically necessary.