

<b>Case Number:</b>	CM14-0196879		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine 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:

54y/o female injured worker with date of injury 5/26/10 with related bilateral knee pain. Per progress report dated 9/17/14, the injured worker also complained of headaches. She rated her headaches 7/10 in intensity, 8/10 in the right knee, and 9/10 in the left knee. Per physical exam, there was tenderness to palpation and spasm noted about the right hip and right thigh. There was tenderness to palpation and restricted range of motion of the bilateral knees, McMurray's test was positive. Treatment to date has included physical therapy, right knee surgery, and medication management. The date of UR decision was 11/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 48, and 338, 341, 346, Chronic Pain Treatment Guidelines Page(s): 111 - 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk

for gastrointestinal events including: (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 (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: 1. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) 2. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). 3. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. 4. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" While it is noted that the injured worker has gastrointestinal distress secondary to pain, she is not on active NSAID therapy. There is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the her risk for gastrointestinal events is low, as such, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of this request for #30.