

<b>Case Number:</b>	CM14-0202495		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 gentleman with a date of injury of 04/19/2012. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/05/2014 indicated the worker was experiencing pain in both knees, the right shoulder, and the lower back. The documented examination described tenderness in the right knee joint lines, decreased right knee and shoulder motion, positive McMurray's testing on the right, tenderness in the lower back, decreased motion in the lower back joints, and a positive right shoulder impingement sign. The submitted and reviewed documentation concluded the worker was suffering from bilateral knee pain, left knee chondromalacia patella with an effusion, lumbar strain, and right shoulder impingement. Treatment recommendations included medications, a home exercise program, elastic knee supports, MRI imaging of the lower back and right shoulder, and follow up care. A Utilization Review decision was rendered on 11/25/2014 recommending non-certification for range of motion testing and an indefinite supply of Prilosec (omeprazole) 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. Assessing the worker's pain and other symptoms, determining the worker's functional abilities, evaluating physical findings, and measuring joint ranges of motion are some components of a routine evaluation. The submitted and reviewed documentation indicated the worker was experiencing pain in both knees, the right shoulder, and the lower back. There was no discussion sufficiently supporting the need for range of motion testing separate from the worker's routine follow up care. In the absence of such evidence, the current request for range of motion testing is not medically necessary.

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation concluded the worker was suffering from bilateral knee pain, left knee chondromalacia patella with an effusion, lumbar strain, and right shoulder impingement. There was no documentation suggesting the worker had any of the above conditions or issues. Further, the request was made for an indefinite supply of medication at an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of Prilosec (omeprazole) 20mg is not medically necessary.