

Case Number:	CM14-0203306		
Date Assigned:	12/15/2014	Date of Injury:	09/25/2010
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine Rehab 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:

The patient is a 45-year old male with date of injury 9/25/10. The treating physician report dated 7/17/14 (60) indicates that the patient presents with pain affecting his left knee, low back and left shoulder. The physical examination findings reveal the claimant's pain was 8/10 with his primary concern or pain derived from his knee. Prior treatment history includes physical therapy, medications including narcotics, anti-inflammatories, and muscle relaxers. MRI results from the low back reveal a 2.8 mm bulge at L5-S1. MRI examination of the left knee dated 6/29/11 reveal both medial and lateral meniscal tears. The shoulder MRI examination shows moderate glenohumeral arthrosis. The current diagnoses are: -Reflex sympathetic dystrophy of lower limb - Pain, Knee joint-Sprain/Tear of cruciate ligament of knee. The utilization review report dated 11/24/14 denied the request for Prilosec 20mg #60 based on MTUS noting, "No record of gastrointestinal events, no documentation of risk factors or other reasoning to support a reason why the claimant requires gastrointestinal prophylaxis."

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain affecting his left knee, low back and left shoulder. The physician requests for Prilosec 20 mg #60. Prilosec (omeprazole) belongs to a group of drugs called proton pump inhibitors (PPIs). Omeprazole decreases the amount of acid produced in the stomach. The records provided do not document how long the patient has been using this medication. However, treating records do note Prilosec as a listed medication on 1/28/14. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, there is no documentation of multiple high dosage NSAIDs, dyspepsia secondary to NSAID therapy or a documented GI assessment as required by MTUS. Therefore, the request is not medically necessary.