

Case Number:	CM15-0004128		
Date Assigned:	01/15/2015	Date of Injury:	08/31/2007
Decision Date:	03/23/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female who reported an injury on 08/31/2007. The injured worker was noted to undergo a left total knee arthroplasty and postoperative therapy. There was a Request for Authorization submitted for review dated 12/29/2014 which indicated the requested date of service was 12/16/2014 for the requested medication. Documentation of 12/16/2014 revealed the history of injury was a trip and fall over a bolt at work. The diagnostic studies were not provided. The physical examination revealed the injured worker ambulated with a significant antalgic gait and the use of a cane. The injured worker had crepitus, medial and lateral joint line tenderness, and patellofemoral tenderness. The diagnoses included left knee degenerative joint disease and chronic knee pain. The treatment plan included a left knee total knee replacement surgery. The injured worker was noted to have failed all conservative management, including therapy and injections. The request was made for omeprazole 20 mg by mouth daily for prophylaxis for chronic NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Omeprazole 20mg #30 (date of service: 12/16/14): 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
Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate or high risk and had risk factors. Additionally, it was documented the medication was for prophylaxis use. There was a lack of documentation GI symptoms to support the necessity for the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective omeprazole 20mg #30 (date of service: 12/16/14) is not medically necessary.