

Case Number:	CM15-0104388		
Date Assigned:	06/08/2015	Date of Injury:	01/13/2012
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 1/13/12. The diagnoses have included derangement of medial meniscus and left ankle sprain. Treatment to date has included medications, activity modifications, acupuncture, Transcutaneous electrical nerve stimulation (TENS), other modalities, physical therapy and home exercise program (HEP). As per the physician progress note dated 11/20/14, which is the only note with the records, the injured worker complains of increased left knee pain. The objective findings reveal that affect and mood are appropriate. There are no other findings noted. The current medications included Norco, Voltaren gel and Omeprazole. There is no previous urine drug screen report noted and no previous diagnostic reports or therapy sessions noted. The physician requested treatment included Omeprazole 20mg one tab bid dispensed on 04/28/2015 quantity: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg; one tab bid; dispensed on 04/28/2015 quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI
Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) can be used. The following is used to determine if a patient is at risk for gastrointestinal events: "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)." The submitted documentation lacks a discussion of previous gastrointestinal events or specific gastrointestinal risk factors which would warrant a proton pump inhibitor. Furthermore, dosing at twice daily is for active treatment of acute GI ulcers, not for prophylaxis. This request is not medically necessary.