

Case Number:	CM15-0138148		
Date Assigned:	07/28/2015	Date of Injury:	07/01/2010
Decision Date:	08/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 64 year old female who sustained an industrial injury on 07/01/2010. Mechanism of injury occurred during her work as a cherry picker. Diagnoses include chronic pain syndrome, depressive disorder, anxiety, psychalgia, osteoarthritis, derangement of the knee, plantar fasciitis and ankle sprain. Treatment to date has included diagnostic studies, medications, status post left knee surgery in August of 2011, right knee surgery in 2008, 1 week of functional restoration program, and home exercises. Current medications include Gabapentin, Tramadol Celexa and Omeprazole. She is not working. A physician progress note dated 06/19/2015 documents the injured worker has aching cramping and sharp pain in her lower extremities. She has swelling and stiffness of the left knee, and numbness in the left lower extremity from the lateral knee to the foot. She has continued sleep disturbance and depression from pain. She uses a cane when at the market; she has an antalgic gait favoring the left. Knee range of motion is normal except for flexion which is limited to 90 degrees in the left lower extremity and extension which is limited to the left lower extremity. The treatment plan includes a Magnetic Resonance Imaging of the left knee, and a psychology referral. Treatment requested is for Omeprazole 20mg #30 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 30 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.