

Case Number:	CM15-0183884		
Date Assigned:	09/24/2015	Date of Injury:	12/13/2007
Decision Date:	10/30/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 44 year old female who reported an industrial injury on 12-13-2007. Her diagnoses, and or impressions, were noted to include: chronic pain syndrome; lumbosacral or thoracic neuritis or radiculitis; left patella-femoral syndrome; osteoarthritis in knee and hip; and sacroiliac ligament sprain-strain. No recent imaging studies were noted. Her treatments were noted to include: a qualified medical evaluation-agreed medical evaluation on 3-7-2012; a home exercise program; trans-cutaneous electrical nerve stimulation unit therapy; ice therapy; medication management; and a return to full-time, modified work duties. The progress notes of 8-18-2015 reported a follow-up visit for the progression of continued and constant low back pain that radiated down to both feet; that her low back pain was associated with occasional pressure, was worse with cold weather and activity, occasionally radiated to the left lower extremity with numbness, tingling, and stabbing, and occasional burning, to the left knee-foot; that her left knee occasionally swelled and gave-out; that she used Naproxen and Omeprazole and LidoPro cream, along with walking, a home exercise program, ice therapy and a trans-cutaneous electrical nerve stimulation unit to control her pain; and that she had minimal constipation, with 4 bowel movements a week, since stopping medications. The objective findings were noted to include: tenderness to palpation; positive pain with (illegible) compression of head; that the X-ray and magnetic imaging studies of the left knee were unremarkable; and that despite a long discussion she continued not to understand her condition. The physician's requests for treatment were noted to include Omeprazole 20 mg as needed, #60. The Request for Authorization, dated 8-18-2015, was noted to have 4 stickers with typed

requests, 2 of which appeared to be for Omeprazole and Naproxen but were too illegible to confirm. The Utilization Review of 9-1-2015 non-certified the request for retroactive Omeprazole 20 mg, 1 capsule "OD", #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated the 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). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. The cited records from 3/27/12 and 8/18/15 do not demonstrate that the patient is at intermediate risk for gastrointestinal events. Therefore, determination is for non-certification for the requested Prilosec. The request is not medically necessary.