

Case Number:	CM15-0184894		
Date Assigned:	09/25/2015	Date of Injury:	03/12/2011
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old female who sustained an industrial injury 03-12-11. A review of the medical records reveals the injured worker is undergoing treatment for lumbosacral neuritis, lumbar sprain, and internal derangement of the knee. Medical records (08-28-15) reveal the injured worker complains of "worse" pain in the lumbar spine, right knee and ankle, and left leg and knee. The pain is unrated. The physical exam (08-28-15) reveals tenderness in the right knee. The only mention of stomach issues is on 05-05-15, when the treating provider reports "stomach upset if meds not taken." Prior treatment includes medications. The original utilization review (09-04-15) non-certified the request for Robeprazole 20 mg #60. The documentation supports that the injured worker has been on Robeprazole since at least 06-05-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robeprazole 20mg #60 with no refills: 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: This claimant was injured 4 years ago, with back and knee issues. There is one mention that the stomach gets upset if medication not taken, but no mention of peptic ulcer, bleeding, or gastroesophageal reflux. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.