

Case Number:	CM15-0185819		
Date Assigned:	09/28/2015	Date of Injury:	03/24/2011
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
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, California

Certification(s)/Specialty: Family Practice

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 diagnoses include pain in joint of lower leg, arthropathy of lower leg, and low back pain, right patellofemoral and trochlear arthroplasty, right anterior horn lateral meniscus tear status post-surgery, lumbar fusion, and left anterior horn meniscus tear. Per the doctor's note dated 8-20-15, she had complaints of low back pain, and bilateral knee pain with radiation into the bilateral legs. She rated her pain 9 out of 10 and described the pain as aching, sharp, shooting, and stabbing. She indicated her medication Tylenol with Ibuprofen provided no pain relief. There was notation of no side effects to medications. The provider indicated discontinuation of Tylenol and Ibuprofen and beginning a trial of Tramadol. Review of systems were positive for constipation and heartburn. The physical examination revealed limited-restricted lumbar spine range of motion, restricted range of motion to the bilateral knees and tenderness noted to the low back and bilateral knees. Per the doctor's note dated 7-24-15, she had bilateral knee and low back pain rated 9 out of 10. The medications list includes Cymbalta, Hydrocodone, Hydrochlorothiazide, Topiramate, Ambien, Motrin. The treatment and diagnostic testing to date has included: x-ray of right knee dated 7-2-14, magnetic resonance imaging of left knee dated 7-2-14, magnetic resonance imaging of right knee dated 7-2-14, urine drug screen on 2-6-15, 3-30-15, 4-3-15, 7-2-15, ice heat, exercise, medications, right knee surgery on 3-10-15, and physical therapy. Current work status: temporarily totally disabled. The request for authorization is for: Omeprazole DR 20mg quantity 60, and Tramadol HCL ER 100mg quantity 60. The UR dated 8-31-2015: modified certification of Tramadol HCL ER 100mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 200mg #60: Overturned

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: Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events, Patients at high risk for gastrointestinal events, Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(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)." Per the records provided patient has history of constipation and heartburn. PPI is medically appropriate in this patient with history of GI symptoms. The request of Omeprazole Dr 20mg #60 is medically appropriate and necessary for this patient.