

Case Number:	CM15-0202301		
Date Assigned:	10/19/2015	Date of Injury:	05/30/2014
Decision Date:	11/30/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 injured worker is a 40-year-old male who sustained an industrial injury on May 30, 2014. The worker is being treated for: knee internal derangement, patellar tendonitis and left lower leg and knee pain. Subjective: September 04, 2015: "lower leg pain." Feeling "stressed." Medication: September 04, 2015, the worker prefers not to utilize medications, as they affect him, but he noted "a difference" when Omeprazole finished. September 04, 2015: Omeprazole. Treatment: activity modification, exercises, physical therapy. On September 25, 2015 a request was made for Omeprazole 20mg #30 which was noncertified by Utilization Review on October 01, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (including omeprazole) as a treatment modality. Proton pump inhibitors are typically used to address serious adverse gastrointestinal side effects associated with the use of NSAIDs. These gastrointestinal side effects include ulcers and gastrointestinal bleeding. When deciding whether a proton pump inhibitor is necessary, clinicians should weight the indications for NSAIDs against known gastrointestinal risk factors. The risk factors for gastrointestinal events include the following: (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 with no risk factors do not require treatment with a proton pump inhibitor. In this case, the medical records do not indicate that the patient has any of these above cited gastrointestinal risk factors. Given the absence of any of these risk factors, omeprazole is not medically necessary.