

Case Number:	CM15-0209522		
Date Assigned:	10/28/2015	Date of Injury:	03/19/2013
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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: Emergency 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 55 year old male who sustained an industrial injury on 03/19/2013. Medical records indicated the worker was treated for right knee and ankle sprain-strain. In the provider notes of 08-30-2015, the worker complains of pain in the right knee and right ankle. On exam, the worker has a mild limp, favoring his right knee and ankle. On examination of the right knee, there was medial and lateral tenderness. There is tenderness throughout the range of motion, which is limited to 20 degrees extension and 90 degrees flexion. He has positive medial and lateral strain maneuvers. On the right ankle, there is mild tenderness to range of motion and tenderness to range of motion and palpation diffusely. A MRI (09-19-2015) of the right knee showed complex degenerative tear of the body and posterior horn medial meniscus. The worker is taking Norco and Tramadol for pain. A request for authorization was submitted for: Diclofenac sodium ER (extended release) 100mg, #60 and Omeprazole 20mg, #60. A utilization review decision 10/07/2015 authorized the Diclofenac sodium ER and denied the request for Omeprazole 20mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60: Upheld

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

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

Decision rationale: The requested Omeprazole 20mg, #60, is not medically necessary. California's Division of Worker's Compensation - Medical Treatment Utilization Schedule, 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if 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) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain in the right knee and right ankle. On exam, the worker has a mild limp, favoring his right knee and ankle. On examination of the right knee, there was medial and lateral tenderness. There is tenderness throughout the range of motion, which is limited to 20 degrees extension and 90 degrees flexion. He has positive medial and lateral strain maneuvers. On the right ankle, there is mild tenderness to range of motion and tenderness to range of motion and palpation diffusely. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg, #60 is not medically necessary