

<b>Case Number:</b>	CM15-0022715		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 65-year-old male who sustained an industrial injury on 10/09/2013. Diagnoses include low back pain, radiculopathy, and left knee pain. Treatment to date has included medications, psychotherapy, epidural steroid injections, and TENS (Transcutaneous Electrical Nerve Stimulation) Unit, 24 sessions of physical therapy, and 8 acupuncture sessions. A physician progress note dated 12/24/2014 documents the injured worker has left shoulder pain and left knee pain. His pain is rated a 3 on a scale of 1-10 with medications and a 4 on a scale of 1-10 without medications. His left shoulder has limited range of motion and Hawkin's test is positive. There is tenderness to palpation in the acromioclavicular joint and biceps groove. His left knee has crepitus with active movement and is tender to palpation over the medial joint line. Patellar grind is positive and McMurray's is positive. There is an effusion in the left knee joint. The injured worker's spine on inspection of the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine. Lumbar facet loading is positive on both sides. Straight leg raising test is positive on the left side. Treatment requested is for 1 Prescription of Omeprazole DR 20mg #30. On 01/27/2015 Utilization Review non-certified, the request for Omeprazole DR 20mg #30 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Omeprazole DR 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The injured worker has left shoulder pain and left knee pain. His pain is rated a 3 on a scale of 1-10 with medications and a 4 on a scale of 1-10 without medications. His left shoulder has limited range of motion and Hawkins's test is positive. There is tenderness to palpation in the acromioclavicular joint and biceps groove. His left knee has crepitus with active movement and is tender to palpation over the medial joint line. Patellar grind is positive and McMurray's is positive. There is an effusion in the left knee joint. The injured worker's spine on inspection of the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine. Lumbar facet loading is positive on both sides. Straight leg raising test is positive on the left side. The treating physician has not documented medication-induced GI complaints or GI risk factors. The criteria noted above not having been met, therefore the request is not medically necessary.