

Case Number:	CM15-0024381		
Date Assigned:	02/13/2015	Date of Injury:	01/23/2003
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old female who reported an injury on 01/23/2003 due to an unspecified mechanism of injury. On 02/09/2015, she presented for a follow-up evaluation. She reported pain in the left knee noted to be moderate with associated symptoms including swelling, clicking, popping, stabbing pain, stiffness, warmth, and tenderness. Her medications included Norco for pain management. A physical examination showed no gross neurological deficits and tenderness in the left knee. She was diagnosed with chronic left knee ACL tear and recurrent pain in the left knee with normal patellar tracking. The treatment plan was for Prilosec 20 mg #60. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy and for those who are at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does not show that the injured worker is using NSAIDs for treatment. Also, there is a lack of evidence showing that she has dyspepsia secondary to NSAID therapy or that she is at high risk for gastrointestinal events due to her medication use. Without this information, the request would not be supported by the evidence based guidelines. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.