

Case Number:	CM15-0024425		
Date Assigned:	02/13/2015	Date of Injury:	03/24/2011
Decision Date:	03/31/2015	UR Denial Date:	02/09/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 61 year old, female patient, who sustained an industrial injury on 03/24/2011. A primary treating office visit dated 01/22/2015 reported subjective complaint of pain to bilateral knees, low back, left ankle and bilateral hips. Objective findings showed left hip/ left ankle both with decreased range of motion, positive tenderness to palpation of bilateral knees, 2 plus swelling to left knee and left ankle. A retrospective request was made for medication Omeprazole. On 02/09/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Omeprazole was cited. The injured worker submitted an application for independent medical review of service requested.

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 ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

Decision rationale: The patient is a 61 year old female with a date of injury of 03/24/2011. She has bilateral knee pain. Omeprazole is a proton pump inhibitor. There is no documentation of peptic ulcer disease, GI bleeding, treatment with anticoagulants and she is not 65 years of age or older. She is not at a high risk group for bleeding and proton pump inhibitor therapy is not medically necessary.