

<b>Case Number:</b>	CM15-0028111		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 30 year old male, who sustained an industrial injury on 10/30/2013. The diagnoses have included pain in joint, lower leg. Treatment to date has included surgical (2/28/2014 diagnostic arthroscopy left knee, minor chondroplasty of patella, left knee, and biopsy for chondral side autograft, left knee) and conservative measures. Currently, the injured worker complains of left knee and low back pain, rated 3-4/10 with medications and 8-9/10 without medications. He reported pain radiating down the back of his left leg. Current medications included Norco twice daily, Naproxen twice daily as needed, and Omeprazole as needed. Physical exam noted tenderness in the lower lumbar spine, with full range of motion. Exam of the left knee noted tenderness at the medial joint, with fairly full range of motion. Strength was 5-/5. Straight leg raise test was positive on the left. No gastrointestinal findings were noted. Magnetic resonance imaging of the left knee (12/11/2013) was referenced as showing focal full thickness fissuring/fibrillation of the articular cartilage of the patella, with underlying bone marrow edema, and type C medial patellar plica. On 2/05/2015, Utilization Review non-certified a request for Omeprazole 20mg #60, noting the lack of compliance with 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:

**Omeprazole 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 symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #60 prescription is not medically necessary.