

Case Number:	CM15-0220143		
Date Assigned:	11/13/2015	Date of Injury:	01/11/2011
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51 year old female, who sustained an industrial injury on 1-11-11. The documentation on 9-1-15 noted that the injured worker has complaints of right elbow, left elbow, right knee and left knee pain. The documentation noted for right elbow Cozen's causes pain on the right and Mill's causes pain on the right. Left elbow Cozen's causes pain on the left and Mill's causes pain on the left. Right knee McMurray's causes pain on the and left knee McMurray's causes pain on the left. The diagnoses have included right elbow myoligamentous injury; left elbow sprain and strain; right knee sprain and strain and left knee sprain and strain. Treatment to date has included omeprazole and celebrex. The original utilization review (10-30-15) non-certified the request for omeprazole 20mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

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

Citation Omeprazole: Drug information. Topic 9718, version 177.0. UpToDate, accessed 11/17/2015.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back elbows, and knees. There was no discussion reporting the worker had any of the above conditions, documenting the reasons the worker had an increased risk for gastrointestinal events, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 90 tablets of omeprazole 20mg is not medically necessary.