

Case Number:	CM15-0221410		
Date Assigned:	11/16/2015	Date of Injury:	11/03/2014
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 48 year old male who sustained an industrial injury on November 3, 2014. Medical records indicated that the injured worker was treated for bilateral knee pain and low back pain. Medical diagnoses include lumbar myositis, lumbar myalgia, lumbosacral radiculopathy, lumbar sprain, lumbar strain, knee internal derangement, knee sprain, knee strain, knee osteoarthritis, insomnia, anxiety and depression. In the provider notes dated October 7, 2015 the injured worker complained of bilateral right greater than left knee pain and low back pain associated with radiating to both lower extremities with numbness and tingling. He rates his knee pain 7 to 9 on the pain scale without pain medications and 7 on the pain scale with medications. His pain is aggravated by prolonged walking or standing and is relieved with rest and medications. He describes his back pain as dull and aching and rates his pain 5 to 6 on the pain scale without medications and 3 on the pain scale with medication. His pain is aggravated by bending and lifting and is relieved with rest and medications. "Loss of sleep due to pain; anxiety, depression." On exam, the documentation stated there was tenderness and myospasm over the bilateral paralumbar muscles and sciatic notches. The straight leg raise is positive bilaterally and range of motion is decreased. There is tenderness of both knee joints with painful patellar tracking and positive grinding test in both knees. The treatment plan includes medications for moderate pain control, non-steroidal anti-inflammatory medications for pain and inflammation and Omeprazole as a prophylactic gastroprotectant used in conjunction with NSAIDs and other medications. A Request for Authorization was submitted for Omeprazole cap20 mg qty 30 for 30 days. The Utilization Review dated November 2, 2015 denied the request for Omeprazole cap 20 mg qty 30 for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20mg Qty: 30 for 30 days: Upheld

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

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

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro- intestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events. Therefore, this request is not medically necessary.