

Case Number:	CM15-0037662		
Date Assigned:	03/06/2015	Date of Injury:	01/21/2014
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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
 Certification(s)/Specialty: Internal 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:

This 53-year-old male sustained a work related injury on 01/21/2014. According to a progress report dated 03/13/2015, the injured worker continued to have left knee pain. Medications included Naproxen and Lidopro ointment. The injured worker reported that Naproxen started causing an upset stomach. Diagnoses included derangement of knee, grade 3 MCL (Medial Collateral Ligament) tear in left knee, ACL (Anterior Cruciate Ligament) tear in left knee and gastritis not otherwise specified. Treatment plan included continue Naproxen one by mouth twice a day as needed after meal, Lidopro ointment for topical analgesic and trial of Omeprazole 20mg on by mouth twice a day due to stomach upset from non-steroidal anti-inflammatory drugs. According to the provider, the injured worker could not tolerate non-steroidal anti-inflammatory drugs due to upset stomach. According to a progress report dated 03/21/2015, the injured worker reported that stomach was better with Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #60: Overturned

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 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the prescription of NSAID non-steroidal anti-inflammatory drugs. NSAID use is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor, such as Omeprazole, in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Omeprazole. Therefore, the request for Omeprazole is medically necessary.