

Case Number:	CM15-0044653		
Date Assigned:	03/16/2015	Date of Injury:	10/12/2000
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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 50-year-old male, who sustained an industrial injury on 10/12/2000. He has reported scaffolding breaking while working in an elevator shaft, falling approximately 30 feet. The diagnoses have included left hip fracture, comminuted left ankle fracture, multiple surgeries to left lower extremity, status post left below the knee amputation, bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment post surgery, chronic wrist pain bilaterally, discogenic low back pain, left leg phantom limb pain and right heel pain/rule out plantar fasciitis. Treatment to date has included medication therapy, physical therapy, home exercise, injection therapy, prosthesis, orthopedic sleeve, cognitive behavioral therapy and acupuncture. Currently, the IW complains of chronic pain 3/10 VAS. The pain in the wrists was rated 7-8/10 VAS without medication and 2/10 with medications. The low back pain was 6/10 and constant left leg phantom pain 9/10 without medications. The physical examination from 1/6/15 documented tenderness along lumbar muscles and spine. The plan of care included continued medication therapy and obtains a Magnetic Resonance Imaging (MRI) to assess potential ligamentous rupture of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines patient with no risk factors and cardiovascular disease.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 50 year old male with an injury on 10/12/2000. He fell 30 feet and sustained multiple fractures. He is less than 65 years of age and there is no documentation of peptic ulcer disease, GI bleeding or use of anticoagulants. He is not at a high risk of GI bleeding and does not meet criteria for a proton pump inhibitor. Omeprazole was the first proton pump inhibitor on the US market and is not medically necessary for this patient.