

Case Number:	CM15-0050116		
Date Assigned:	03/23/2015	Date of Injury:	11/16/2012
Decision Date:	05/06/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/17/2015

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 42 year old female, who sustained an industrial injury on 11/16/12. She reported bilateral knee pain. The injured worker was diagnosed as having lumbar radiculopathy, cervicobrachial syndrome, sprain of wrist, internal derangement of the left knee, myofascial pain syndrome, left knee sprain meniscus tear, and sprain of the left knee and leg. Treatment to date has included a left knee arthroscopy and medial meniscectomy on 3/25/13. Other treatment included a functional restoration program, and the use of a knee brace. Currently, the injured worker complains of bilateral knee pain. The treatment plan included aquatic therapy and physical therapy. The injured worker was prescribed Celebrex and Omeprazole. A physician's report dated 2/10/15 noted the injured worker denied having heartburn, bloating, nausea, vomiting, or abdominal pain. The treating physician requested authorization for Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68 and 70.

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 she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #30 prescription is not medically necessary.