

<b>Case Number:</b>	CM15-0050737		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	01/22/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

The injured worker is a 28-year-old male who sustained an industrial injury on 01/22/2011. Current diagnoses include persistent left knee pain status post left knee arthroscopic surgery, intermittent right knee pain, persistent low back pain, and insomnia. Previous treatments included medication management, left knee surgery, and home exercise. Previous diagnostic studies included MRI's. Report dated 02/18/2015 noted that the injured worker presented with complaints that included ongoing left knee pain. Pain level was rated as 4 out of 10 on the visual analog scale (VAS) with medication. Current medication regimen includes Norco, Relafen, and Prilosec. Physical examination was positive for abnormal findings. The treatment plan included prescribing Norco, Relafen, and Prilosec, and follow up in one month. Disputed treatment includes Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg one tablet two times a day #60 with one refill:** 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 addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document long-term NSAID use. Relafen (Nabumetone) was prescribed, which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Prilosec is medically necessary.