

Case Number:	CM15-0057499		
Date Assigned:	04/02/2015	Date of Injury:	12/04/2012
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female sustained an industrial injury to the right arm and left knee on 12/4/12. Documentation indicated that previous treatment included left knee surgery and medications. In a PR-2 dated 2/10/15, the injured worker complained of worsening left knee pain and swelling associated with difficulty walking, standing and bending. Physical exam was remarkable for right shoulder with a well-healed anterior shoulder scar, tenderness to palpation and very restricted range of motion, noted to be improved from the last visit and left knee with tenderness to palpation at the joint line with restricted range of motion and edema about the knee. Current diagnoses included adhesive capsulitis of shoulder, shoulder impingement, closed fracture of olecranon process of ulna and ulnar nerve lesion. The treatment plan included a referral to the orthopedic surgeon that performed knee surgery and medications (Omeprazole, Orphenadrine, Naproxen Sodium and Capsaicin cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20mg, #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 63, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to Naproxen use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.