

<b>Case Number:</b>	CM15-0061892		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Massachusetts

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:

The injured worker is a 39 year old male, who sustained an industrial injury on 06/18/2013. He reported left foot, left knee, and lower back injuries. The injured worker is currently diagnosed as having left knee patellar tendinitis, left knee internal derangement, left knee strain, low back pain, left ankle tenosynovitis, and rule out impingement syndrome of left ankle. Treatment to date has included left foot/ankle MRI, acupuncture, therapy, and medications. In a progress note dated 02/06/2015, the injured worker presented with complaints of continued pain in his left knee. The treating physician reported requesting authorization for Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 for DOS 2/6/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for left knee pain. Medications include Diclofenac XL at 100 mg 2 times per day. Omeprazole is being prescribed as prophylaxis. There is no documented history of actual NSAID induced dyspepsia or gastritis. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Medications have included non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as omeprazole be prescribed. Therefore, the request is not medically necessary.