

Case Number:	CM15-0080250		
Date Assigned:	05/01/2015	Date of Injury:	02/15/2014
Decision Date:	06/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/27/2015

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: Emergency 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 43 year old male, who sustained an industrial injury on 2/15/14. The injured worker has complaints of right knee pain. The diagnoses have included lumbar disc displacement; sprain lumbar region and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included bracing; pain cream; acetaminophen; physical therapy; acupuncture for left knee; cortisone injections; epidural steroid injections and norco. The request was for omeprazole 20mg. #30 and additional physical therapy 2 times a week for 4 weeks lumbar spine.

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 NSAID Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on ibuprofen. There is no dyspepsia complaints documented. Patient is no documentation of high risk for GI bleeding. Prilosec/Omeprazole is not medically necessary.

Additional Physical Therapy 2 times a week for 4 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed 12 prior PT sessions for lumbar spine. Provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. Additional Physical Therapy is not medically necessary.