

Case Number:	CM15-0082468		
Date Assigned:	05/04/2015	Date of Injury:	10/28/1983
Decision Date:	06/03/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/29/2015

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 was a 62-year-old male, who sustained an industrial injury, October 28, 1983. The injured worker previously received the following treatments Pantoprazole, Oxycodone, Naproxen, Omeprazole and physical therapy. The injured worker was diagnosed with persistent anserinus bursitis, abnormality gait and localized osteoarthritis of the lower leg. According to progress note of March 12, 2015, the injured workers chief complaint was bilateral knee and lower leg pain. The injured worker rated the pain at 7 out of 10; 0 being no pain and 10 being the worse pain. The injured worker rated the pain at 10 out of 10 at the worst during the week prior to this visit. The pain was described as sharp, stabbing, shooting and throbbing. The exacerbating factors were moving from sitting to standing, stooping and walking. The pain relieving factors were heat, massage and ice. Other associated symptoms were headaches, fatigue, and swelling, locking of the knee, bowel dysfunction, bladder dysfunction and weakness. The functional scale was 0 being functional and 10 being non-functional the injured worker rated activities of daily living from 8-10 examples were walking, sitting, driving, sleep, mood, getting out of the chair, etc. The physical exam of the abdomen noted constipation, abdominal pain and gas and bloating. The injured worker was well nourished and in no apparent distress. The treatment plan included Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg Qty: 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring more than 30 years ago. He continued to be treated for chronic knee pain. He underwent a right total knee revision surgery on 01/23/15. When seen for a pre-anesthetic evaluation, his medical history is documented as including a diagnosis of esophageal reflux. When seen, pain was rated at 7-10/10. He was having constant symptoms. Review of systems was positive for constipation, abdominal pain, and gas with bloating. Medications include Naprosyn. Guidelines recommend consideration of a proton pump inhibitor such as omeprazole for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Naprosyn at the recommended dose and has a history of reflux. Therefore, the requested omeprazole is medically necessary.