

Case Number:	CM14-0116981		
Date Assigned:	09/16/2014	Date of Injury:	09/26/2006
Decision Date:	10/22/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male who was injured on 09/26/2006. The mechanism of injury is unknown. The patient underwent left knee arthroscopy and meniscectomy on 02/27/2007. Prior treatment history has included 12 sessions of aquatic therapy with good benefit. Visit note dated 06/24/2014 states the patient presented with no complaints of gastrointestinal upset but did report low back pain, right elbow pain, bilateral hip pain and left upper extremity pain. He takes Omeprazole 20 mg, Norco, Flector patches, Ambien, Pennsaid, MiraLax, Colace and Cialis. He reported no abdominal pain, belching or bloating. He was recommended to continue Omeprazole (which he has been utilizing since 04/22/2014) as it helps with gastritis and prevents nausea. He stated without it, he cannot eat due to the upset stomach and nausea. Prior utilization review dated 06/25/2014 states the request for Omeprazole 20mg BID is denied as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The patient is a 53 year old male who was injured on 09/26/2006. The mechanism of injury is unknown. The patient underwent left knee arthroscopy and meniscectomy on 02/27/2007. Prior treatment history has included 12 sessions of aquatic therapy with good benefit. Visit note dated 06/24/2014 states the patient presented with no complaints of gastrointestinal upset but did report low back pain, right elbow pain, bilateral hip pain and left upper extremity pain. He takes Omeprazole 20 mg, Norco, Flector patches, Ambien, Pennsaid, MiraLax, Colace and Cialis. He reported no abdominal pain, belching or bloating. He was recommended to continue Omeprazole (which he has been utilizing since 04/22/2014) as it helps with gastritis and prevents nausea. He stated without it, he cannot eat due to the upset stomach and nausea. Prior utilization review dated 06/25/2014 states the request for Omeprazole 20mg BID is denied as there is no evidence to support the request.