

Case Number:	CM14-0117943		
Date Assigned:	08/06/2014	Date of Injury:	10/10/2001
Decision Date:	09/30/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 Family Medicine, and is licensed to practice in California. 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:

This is a 62-year-old male with a date of injury of 10/10/01. The mechanism of injury was not noted. On 3/7/14, a peer review denied a request for Lyrica. On 7/8/14, it was noted the patient's medications included Tizanidine, Lyrica, Omeprazole, and hydrocodone/acetaminophen. The Omeprazole 20mg was to be taken twice a day #180. On 3/10/14, he complained of left knee pain. On exam revealed full passive, active and symmetric range of motion in the hips, knees and ankles. There is a small range of motion deficit in the left knee of approximately 5 degrees. The diagnostic impression is left knee effusion. On 7/8/14, he complained of right knee pain, giving way and weakness. On exam revealed atrophy and loss of strength with restricted range on motion. The diagnostic impression is bilateral cuff tears and impingement and bilateral post traumatic DJD of knees. Treatment to date: multiple bilateral knee surgery, medication management A UR decision dated 7/16/14 denied the request for Omeprazole 20mg #180. The Omeprazole was denied because the record did not demonstrate that the patient has gastrointestinal related complaints or a history of gastrointestinal related issues. As such, the medical necessity for this proton pump inhibitor is not reasonable and appropriate at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg BID #180: 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 NASIDs, GI Symptoms & Cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Omeprazole.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The FDA states that it is indicated for the treatment of GI disorders such as gastric/duodenal ulcers, GERD, etc. It is also commonly utilized to prevent/treat gastric irritation common in patients utilizing chronic NSAID therapy. However, it was noted on 7/8/14 that the patient was prescribed Tizanidine, Lyrica, Omeprazole, and Hydrocodone/Acetaminophen. In addition, the quantity is #180, which would be a 90 day supply. There is no mention of an NSAID being used by the patient. There is no mention in the records provided that the patient has any GI symptoms at all. Therefore, the request for Omeprazole 20mg #180 was not medically necessary.