

<b>Case Number:</b>	CM14-0160436		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/29/2003
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 29, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; transfer of care to and from various providers in various specialties; a cane; an interferential unit; an orthopedic mattress; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a request for Omeprazole and Ibuprofen while conditionally a request for unknown home health care. The applicant's attorney subsequently appealed. In an August 19, 2014 progress note, the applicant reported persistent complains of low back, knee, and hip pain status post a hip replacement surgery, a lumbar fusion surgery, and Multiple Knee Arthroscopies. The applicant stated that he needed home health care, apparently to facilitate performance of activities of daily living. There was no discussion of medication selection or medication efficacy incorporated into this particular note. It was stated that the applicant had been given a 77% permanent disability rating. It was stated that the applicant had previously been awarded future medical care for the feet, knees, lower extremities, internal, psyche, back, digestive tract, sleep disorder, TMJ, and hand. It was stated that the applicant was using unspecified medications for hypertension and was sensitive to both Ibuprofen and Naprosyn.

### 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 NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a Proton-Pump Inhibitor such as Omeprazole are indicated in the treatment of the NSAID-induced dyspepsia, in this case, however, the progress notes on file failed to make any mention of any issues with reflux, heartburn, and/or dyspepsia other than the incidentally note that the applicant had been given provisions for future medical care to include the digestive tract. There was no mention of the applicant using Omeprazole on the August 19, 2014 progress note, referenced above. There was no mention of whether or not ongoing usage of Omeprazole had proven effective here and/or whether or not the applicant was, in fact, experiencing any active symptoms of reflux, heartburn, and/or dyspepsia. Therefore, the request is not medically necessary.

**Ibuprofen 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic Page(s): 7; 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Ibuprofen do represent the traditional first line of treatment for various chronic pain conditions including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is seemingly off of work. The attending provider wrote on the August 19, 2014 progress note that the applicant was sensitive to Ibuprofen, implying that the applicant was not deriving appropriate benefit from the same. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Ibuprofen. Therefore, the request is not medically necessary.