

Case Number:	CM14-0163995		
Date Assigned:	10/08/2014	Date of Injury:	05/24/2006
Decision Date:	11/07/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/06/2014

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 New Jersey. 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 worker is a 76-year-old male who was injured on 5/24/2006. He was diagnosed with bilateral shoulder impingement/arthritis/rotator cuff tear, and bilateral knee osteoarthritis/meniscal tear/degeneration. He was treated with left knee surgery, steroid injection, opioids, and NSAIDs. On 9/10/14, the worker was seen for a follow-up with his primary treating physician reporting no change with his chronic bilateral shoulder and bilateral knee pain, and was requesting refills of his medications, which included Hydrocodone/APAP, Naproxen 550 mg twice daily, and Omeprazole 20 mg daily. He reported no side effects from the medications. He denied history of ulcers or gastrointestinal bleeding. He then was recommended to continue his medications, including Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 related to bilateral knees and shoulder injuries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event, such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrent aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, the only risk factor for a gastrointestinal event would be his Naproxen use. However, this alone does not warrant Omeprazole use, as this doesn't qualify as having intermediate or high risk. Therefore, the Omeprazole is medically unnecessary to continue and is independently associated with risks such as pneumonia and osteoporosis. The request is not medically necessary or appropriate.