

Case Number:	CM14-0181749		
Date Assigned:	11/06/2014	Date of Injury:	02/25/2009
Decision Date:	12/31/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 February 25, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of and from various providers in various specialties; earlier left and right total knee arthroplasty procedures; topical agents; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 2, 2014, the claims administrator failed to approve a request for Omeprazole. The applicant's attorney subsequently appealed. In an October 16, 2014 progress note, handwritten, difficult to follow, not entirely illegible, the applicant was kept off of work, on total temporary disability. The applicant was using a cane to move about. The note was very difficult to follow. There was no clear discussion of medication selection or medication efficacy. On November 10, 2014, the applicant was, once again, kept off of work, on total temporary disability while 12 sessions of physical therapy and six sessions of acupuncture were ordered. The note compromised almost entirely of preprinted checkboxes with little to narrative commentary. On May 2, 2014, the applicant was given prescriptions for Menthoderm and Tramadol. The applicant was permanent and stationary, it was noted. The applicant was using a cane to move about. The remainder of the file was surveyed. There was no explicit discussion of issues with reflux, heartburn, and/or dyspepsia evident. The bulk of the progress notes provided did not incorporate the applicant's medication list.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes on file, the bulk of which were handwritten, did not contain any explicit references to issues with reflux, heartburn and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.