

<b>Case Number:</b>	CM14-0216343		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40-year-old male with a date of injury of 10/30/2014. According to initial comprehensive report dated 11/12/2014, the patient presents with right hip and right knee pain. Patient underwent an x-ray of the right hip and knee at UCLA, which revealed unremarkable findings. Patient states that his right hip pain radiates into the low back with associated numbness and tingling sensation to the right hip and thigh. Right knee pain was described as occasional pain that radiates into the right thigh with associated numbness, tingling sensation. Patient also reports difficulty sleeping due to pain. He feels stress, anxiety, and depression, which are attributes to his overall symptomatology. Patient's current medication includes ibuprofen 600 mg as needed. Examination revealed tenderness to pressure over the bilateral wrists and positive Tinel's sign bilaterally. Examination of the hips revealed tenderness to pressure over the right lateral hip. Examination of the knee revealed tenderness to pressure over the right medial and lateral knee. The listed diagnoses are: 1. Sprain/strain of wrists. 2. Enthesopathy of hip. 3. Internal derangement of knee. 4. Internal derangement of ankle and foot. Treatment plan is for physical therapy x12; EMG/NCS of the bilateral upper extremities; MRI of the right hip, right ankle, right knee, and right wrist; medications including naproxen sodium 550 mg and omeprazole 20 mg; and instructions to follow up in 6 weeks. The patient is currently on modified work with restrictions. The utilization review denied the request on 11/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Dr 20mg capsule #30 (2 refills): Upheld**

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

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

**Decision rationale:** This patient presents with complaints of right hip, right knee, and bilateral wrist pain. The current request is for omeprazole DR 20 mg capsule #30 (2 refills). The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been taking NSAID on a long term basis, but the treating physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request IS NOT medically necessary.

**Single point cane: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG (<http://www.odg-twc.com/odgtwc/knee.htm>)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back chapter, walking canes

**Decision rationale:** This patient presents with right hip, right knee, and bilateral wrist complaints. The current request is for a single-point cane. The utilization review denied the request stating, "Per administrative claim notes, treatment for the right wrist is all that is to be addressed." It was further noted that the cane is not medically necessary to treat the right wrist. The ODG guidelines do not specifically discuss walking canes under the low back chapter. The ODG guidelines under its knee chapter has the following regarding walking aids, "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices." In this case, the treating physician has provided no rationale for the requested single-point cane. There is no discussion regarding impaired ambulation or instability that would require a cane. The requested single-point cane IS NOT medically necessary.