

Case Number:	CM14-0086582		
Date Assigned:	07/23/2014	Date of Injury:	05/13/2013
Decision Date:	05/28/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/09/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62 year old male sustained an industrial injury to the right knee on 5/13/13. Previous treatment included magnetic resonance imaging, right knee arthroscopy, physical therapy, knee brace, home exercise and medications. In a PR-2 dated 4/28/14 the injured worker complained of bilateral knee pain. The injured worker reported that he was improving slowly overall. Physical exam was remarkable for well-healed right knee surgical incisions with discomfort upon bilateral knee range of motion. Current diagnoses included right knee tendinitis/bursitis, current tear of medial cartilage or meniscus and chondromalacia patella. The treatment plan included medications (Anaprox, Cidaflex and Prilosec).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg#60 mg is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are knee tend/bursitis; chondromalacia patella; and current tear of medial cartilage or meniscus of knee. The documentation indicates a request for Prilosec with a request for authorization dated May 2, 2014. The documentation does not contain a clinical rationale for Prilosec. Additionally, there are no risk factors for gastrointestinal events. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Consequently, absent clinical documentation with risk factors or co-morbid conditions indicating Prilosec is clinically indicated, Prilosec 20mg #60 mg is not medically necessary.