

Case Number:	CM15-0109943		
Date Assigned:	06/16/2015	Date of Injury:	01/03/2015
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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 injured worker is a 40 year old male, who sustained an industrial injury on 01/03/2015. The injured worker was noted to have received any injury secondary to a fall out of a delivery truck and landing on his left side. The diagnoses have included left ankle sprain, contusion of left knee and lower leg, and strain of left knee. On provider visit dated 05/04/2015 the injured worker has reported left knee and left ankle pain for past three months. Pain was described as burning, sharp and throbbing. The injured worker was noted to use a cane to assist with ambulation. On examination of the left ankle revealed a painful range of motion. Left knee revealed tenderness to palpitation over the lateral joint and medial joint line. Treatment to date has included Cyclobenzaprine, Ibuprofen, Naproxen and Sertraline HCL and physical therapy. The injured worker was noted to have undergone a left knee MRI. The injured worker is noted unable to work or perform any household chores. The provider requested Retrospective-Prilosec 20mg, #30 (dispensed 5-4-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective-Prilosec 20mg, #30 (dispensed 5-4-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective-Prilosec 20mg, #30 (dispensed 5-4-15) is not medically necessary and appropriate.