

Case Number:	CM15-0014705		
Date Assigned:	02/02/2015	Date of Injury:	12/20/2013
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

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 44-year-old female who reported injury on 12/20/2013. The mechanism of injury was climbing a flight of stairs when her right knee suddenly locked. Her diagnoses included internal derangement of the right knee with medial meniscus tear and Baker's cyst, moderately large; free effusion of the right knee; and bilateral heel spurs with plantar fasciitis. Her surgical history was noncontributory. Her medications included hydrocodone, Naprosyn, and omeprazole. Diagnostic studies included an MRI of the right knee on 04/17/2014; an MRI of the right foot on 04/17/2014; and MRI of the left foot on 04/17/2014; x-rays of the right knee in 2 views; and of the heels in 3 views.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & ca. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter: Pain, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68-69.

Decision rationale: The request for 60 Capsules of Omeprazole 20mg is not medically necessary. The California MTUS guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. There is a lack of documentation regarding history of peptic ulcer, GI bleeding, or complaint of gastric upset. The guidelines indicate the injured worker would be at minimal risk. The request does not include dosing instructions, including how often to take the medication. The request for 60 capsules of omeprazole 20 mg is not medically necessary.