

Case Number:	CM15-0128698		
Date Assigned:	07/15/2015	Date of Injury:	12/09/2011
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 64 year old male who sustained an industrial /work injury on 12/9/11. He reported an initial complaint of right knee pain. The injured worker was diagnosed as having left medial meniscus tear and chondromalacia. Treatment to date includes medication, surgery (right total knee replacement on 4/7/14 and right total knee arthroplasty on 8/13/13), and diagnostics. Currently, the injured worker complained of alternating sensations of hot and cold to the right knee and describes the pain as pulsing pain rated 2-3/10 at best and 7-8/10 at worst. Per the primary physician's report (PR-2) on 6/12/15, exam noted difficulty with rising, antalgic gait favoring the right lower extremity, no swelling or masses to the right knee, mild erythema, rubor, increase in hair growth of right lower extremity, intact neuro-circulatory status, spasms, and tenderness to palpation. Range of motion is -5 to 70 degrees with passive range of motion to 90 degrees. The requested treatments include omeprazole cap 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Cap 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Gi symptoms & cardiovascular risk.

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Omeprazole. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg 360 prescription is not medically necessary.