

Case Number:	CM15-0172120		
Date Assigned:	09/14/2015	Date of Injury:	05/05/2006
Decision Date:	11/17/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/01/2015

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 68 year old female, who sustained an industrial injury on 05-05-2006. She has reported injury to the right knee. The diagnoses have included status post right knee surgery on 05-2006; status post right total knee replacement in 2008 with mediocre results; and status post revision right total knee replacement in 2011 with mediocre results. Treatment to date has included medications, diagnostics, cane, and surgical intervention. Medications have included Tramadol, Naprosyn, Cyclobenzaprine, and Omeprazole. In a progress report, dated 01-06-2011, the injured worker relayed complaints of epigastric burning pain, indigestion, and heartburn, which she attributed to medication; and she is utilizing Omeprazole which helps "a little bit." This provider included a diagnosis of epigastric pain aggravated by non-steroidal anti-inflammatory medication. A progress report from the treating provider, dated 07-22-2015, documented an evaluation with the injured worker. The injured worker reported constant pain in the right knee that radiates down the middle of the tibia, fibula; she indicates a sharp throbbing pain and pressure; she is taking no medication for pain, as she thinks they have been denied; she has had no new injures; she did see another provider for her knee regarding this injury and had x-rays performed; she is not attending therapy; and she is not working. Objective findings included tenderness over the right mid-tibial region. The treatment plan has included the request for Omeprazole 20mg #30 with 5 refills. The original utilization review, dated 07-30-2015, non-certified the request for Omeprazole 20mg #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The 68 year old patient complains of constant pain in the right knee that radiates down the middle of tibia/fibula, as per progress report dated 07/22/15. The request is for Omeprazole 20mg #30 with 5 refills. The RFA for this case is dated 07/23/15, and the patient's date of injury is 05/05/06. The patient is status post right knee surgery in 2006, status post total right knee replacement in 2008, and status post revision right total knee replacement in 2011, as per progress report dated 07/22/15. Medications included Tramadol, Cyclobenzaprine, Naprosyn and Omeprazole. Diagnoses, as per progress report dated 07/16/15, also included thyroid disorder and hypercholesterolemia. The patient is not working, as per progress report dated 07/22/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section and Chronic Pain Medical Treatment Guidelines 2009 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Omeprazole is first noted in progress report dated 07/16/15. However, it is not clear if this is the first prescription for this medication or if the patient has used it in the past. The patient is taking Naprosyn, an NSAID, and prophylactic use of PPI is indicated by MTUS in such cases. The guidelines also support the use of Omeprazole in patients over 65 years of age with concurrent use of ASA, corticosteroids, and/or an anticoagulant. Although the treater does not provide a GI risk assessment or document any gastric problems in this case, the patient is over 65 years of age and is on NSAID. The request is medically necessary.