

Case Number:	CM15-0043249		
Date Assigned:	03/13/2015	Date of Injury:	07/08/2010
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female, who sustained an industrial injury on 7/8/10. She reported bilateral knee pain. The injured worker was diagnosed as having status post right total knee replacement, herniated cervical disc and herniated lumbar disc. Treatment to date has included right total knee replacement, Hyalgan injections to right knee, physical therapy and oral medications. Currently, the injured worker complains of low back, neck and right leg pain. The treatment plan included Prilosec and Norco refills. She noted the pain and symptoms are about the same as previous visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 for 30 day supply (refill 0 of 1): Upheld

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

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

Decision rationale: Proton pump inhibitor such as omeprazole are indicated for individuals at risk for gastrointestinal events. The attached medical record does not provide any documentation that the injured employee is at risk for such events or is experiencing any gastrointestinal issues. Furthermore, there is no documentation of any current NSAID usage. For these reasons, this request for omeprazole is not medically necessary.