

Case Number:	CM15-0063167		
Date Assigned:	04/09/2015	Date of Injury:	06/23/2005
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: California

Certification(s)/Specialty: Emergency 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 65 year old female, who sustained an industrial injury on 06/23/2005. She reported injury to her neck, bilateral hands and bilateral knees. The injured worker was diagnosed as having cervicgia, pain in joint lower leg and adjustment disorder mixed. Treatment to date has included MRI of the right knee, right knee surgery, medications and physical therapy. According to a report dated 02/02/2015, the injured worker continued to complain of worsening pain in her right and left knee. Her medications included Tylenol, an anti-inflammatory and a proton pump inhibitor. The impression was noted as severe degenerative joint disease of the right knee, obesity, probable degenerative joint disease of the left knee and ventral hernia. Recommendations included seeing a specialist for the ventral hernia and to follow up in 6 weeks in regard to a possible knee replacement. Currently under review is the request for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Naproxen. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. Pt does not meet any MTUS criteria to recommend prilosec. Prilosec/Omeprazole is not medically necessary.