

Case Number:	CM15-0073532		
Date Assigned:	04/28/2015	Date of Injury:	05/14/2003
Decision Date:	05/26/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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 67 year old male who sustained an industrial injury on 05/14/2003. Current diagnoses include multi-compartment degenerative joint disease. Previous treatments included medication management, right knee arthroplasty x 2, ESTIM, and water therapy. Report dated 03/13/2015 noted that the injured worker presented with complaints that included right knee pain and swelling. Pain level was 6 out of 10 on the visual analog scale (VAS) without medication. Physical examination was positive for abnormal findings. The treatment plan included requests for medications, continue with weight loss, discussed an anti-inflammatory diet, increase water and fiber content, continue use of ice/heat/ESTIM, and follow up with primary medical doctor. Disputed treatments include omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against GI and Cardiovascular Risk, Medications for Chronic Pain Page(s): 69, 60.

Decision rationale: Based on the 04/17/15 progress report provided by treating physician, the patient presents with right knee pain rated 6/10; GI complaints due to GERD. The request is for Omeprazole 20mg #60 with 2 refills. The patient is status post 2 right total knee arthroplasty 2006. Patient's diagnosis per Request for Authorization form dated 03/13/15 includes status post total knee. The patient ambulates with antalgic gait. Physical examination to the right knee on 04/17/15 revealed tenderness to palpation, pain with deep flexion, and motion loss. Patient medications include Colchicine, Simvastatin, Clonidine, Clopigel, Lasix, ASA, Norco and Omeprazole. The patient is retired, and remains permanent and stationary, per 04/17/15 provider report. MTUS pg 69 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." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Omeprazole has been included in patient's medications, per provider reports dated 03/13/15 and 04/17/15. Per 04/17/15 progress report, provider states "Sign IMR denial of Omeprazole as continues w/ GERD d/t narcotic medication." In this case, the patient is over 65, is on ASA therapy and presents with GERD. Provider has documented patient's GI risk assessment. The request to continue PPI prophylactic therapy appears reasonable. Therefore, the request is medically necessary.