

<b>Case Number:</b>	CM14-0145449		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 5, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; a cane; unspecified amounts of physical therapy; topical compounds; and earlier total knee arthroplasty surgery. In an August 29, 2014 Utilization Review Report the Claims Administrator failed to approve a request for Omeprazole; the applicant's attorney subsequently appealed. In an August 12, 2014 progress note, the applicant reported ongoing complaints of knee pain. The applicant was having difficulty ambulating. The applicant was kept off of work, on total temporary disability. In a handwritten note dated July 9, 2014, the applicant was again described as having ongoing issues with knee pain. The applicant was asked to continue using a cane for the same. In a narrative report also dated August 1, 2014, the attending provider stated that he would place the applicant off of work, on total temporary disability on the grounds that modified duty had proven painful for her. The applicant posited that she had difficulty driving to work. There was no discussion of medication selection or medication efficacy on this occasion. In an earlier note dated April 8, 2014, the applicant was apparently using Norco for pain relief. There was no mention of issues with reflux, heartburn, or dyspepsia on this or other progress notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the provided progress notes. Therefore, the request is not medically necessary.