

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker worked as a truck driver beginning in January 2004. He injured his back on December 14, 2004. His last day of work was on December 18, 2004. He has not returned to work since due to chronic back pain. Clinically his exam revealed right lower extremity radiculopathy, lumbar spine MRI shows facet joint disease, L5-S1 spondylolisthesis and multilevel disc protrusions and in 2005, 2006, 2008, 2009, 2010, 2011, and 2012 he had epidural injections. Recent notes from the physical therapist he has been seeing show his current diagnoses are: myalgia and myositis, neuralgia, neuritis, and radiculitis, and reflex sympathetic dystrophy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Omeprazole 20mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which is a part of the MTUS..

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg 68, which is part of MTUS

The Physician Reviewer's decision rationale:

Omeprazole is a proton pump inhibitor useful in treating gastrointestinal syndromes while lowering gastric acid production is beneficial. Such as esophageal reflux and peptic ulcer disease. As states in the MTUS Chronic Pain Medical Guidelines, omeprazole and other PPI agents like this may be indicated for patients on NSAIDs with GI symptoms and cardiovascular risk.

Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). After a review of the records submitted for review, omeprazole is not medically indicated because the employee does not meet any the above mentioned criteria.

2. Acetadryl #100 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence-based guidelines for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on "Insomnia" in Lexi-Comp 2008.

The Physician Reviewer's decision rationale:

Acetadryl is an over the counter the counter product which contains acetaminophen (a non-NSAID pain reliever) and diphenhydramine (a first generation sedating anti-histamine). The manufacturer markets this a sleep aid for episodes of insomnia. Doses greater the 4 grams of day of acetaminophen are associated with liver injury and liver failure. Prolonged diphenhydramine use can lead to tolerance and decreased effectiveness, and also may lead to sluggishness and tiredness. In order to treat insomnia, attention must be directed to the underlying causes of the insomnia. There is no documentation of efforts to detect primary or secondary causes. Evaluation of sleep onset, sleep maintenance, sleep quality, and next-day function are important factors to assess. Acetadryl is not medically indicated for this injured worker given his current medical diagnoses.

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[REDACTED]
[REDACTED]
[REDACTED]

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