

Case Number:	CM13-0028610		
Date Assigned:	03/14/2014	Date of Injury:	08/14/2010
Decision Date:	05/06/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 61 year old male who sustained an industrial injury on 8/14/10. His diagnoses include bilateral knee osteoarthritis, right knee medial meniscus tear, 1st metatarsal base fracture, diabetic right foot Charcot arthropathy, right lumbar spondylosis, and intermittent radiculopathy. His past medical history includes Insulin dependent diabetes, hypertension, hypothyroid, arrhythmia, high cholesterol, and GERDs. There is a request for the medical necessity of Omeprazole 20mg #30. There is a 9/27/13 primary treating physician supplemental report which states that the patient has a long history of gastrointestinal indigestion; as well heartburn which is noted in the Agreed Medical Evaluation dated January 5, 2013. This report indicates that the patient has a long history of heartburn and indigestion and has been on anti-inflammatories previously. The Final Determination Letter for IMR Case Number CM13-0028610 3 medical records did not indicate chronic gastrointestinal problems prior to the industrial injury; therefore, the physician recommends treatment on an industrial basis with continuation of omeprazole recommended. Further the patient notes that the medication is effective and notes increased gastrointestinal side effects without the use of Prilosec. A 12/23/13 QME report indicated that the patient's medications include Norco, Neurontin, Metoprolol, Omeprazole, and Simvastatin. The report also stated that patient had a GI consult dated 04/03/2013. Per the report the patient was unsure why he was referred to GI specialist as he no longer reported GI symptoms but did in the past. No endoscopy was recommended since all GI symptoms resolved according to the specialist physician's medical history. The physician did recommend a proton pump inhibitor indefinitely.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OMEPRAZOLE 20MG #30: Upheld

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 Section on NSAIDS, GI Symptoms, and Cardiovascular Risk, Page(s): 69-70.

Decision rationale: Omeprazole 20mg #30 is not medically necessary per MTUS and ODG guidelines. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Per the documentation submitted the patient is not currently on an NSAID. In this case, the patient was referred to a GI specialist on 04/03/2013. Per the report the patient was unsure why he was referred to GI specialist as he no longer reported GI symptoms but did in the past. No endoscopy was recommended since all GI symptoms resolved according to the specialist physician's medical history. Although the physician recommended a proton pump inhibitor indefinitely this recommendation does not follow the above MTUS Guidelines and therefore the request for Omeprazole 20mg #30 is not medically necessary.