

Case Number:	CM13-0043919		
Date Assigned:	12/27/2013	Date of Injury:	04/17/2012
Decision Date:	04/23/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

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 Interventional Spine 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:

This is a 59 year-old female who was injured on 4/17/12. She has been diagnosed with cervical discopathy; cervical stenosis; lumbar discopathy; lumbar stenosis; gastritis; left hand/thumb strain and stress and anxiety. According to the 9/12/13 internal medicine report from [REDACTED], the patient presents with intermittent moderate to severe lower back pain that radiates to the BLE and worsening neck pain that radiates to the bilateral hands. [REDACTED] recommended electrodiagnostic studies of the upper extremities, and consult with a spinal specialist, and prescribed tramadol for pain and omeprazole. On 10/17/13 [REDACTED] UR provided a retrospective modification of the omeprazole to allow #30 instead of #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHARMACY PURCHASE OF OMEPRAZOLE 20 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs, GI Symptoms And Ca.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the 9/12/13 internal medicine report from [REDACTED], the patient presents with intermittent moderate to severe lower back pain that radiates to the BLE and worsening neck pain that radiates to the bilateral hands. The patient has also been diagnosed with gastritis. The 7/5/13 report from [REDACTED] notes the patient has constant GERD with the medications. MTUS guidelines recommend a PPI for dyspepsia secondary to NSAID therapy. The patient was not reported to be on NSAIDs. The UR letter notes the omeprazole is necessary for the gastritis, but using MTUS guideline for "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), "and modified the request to allow #30 for the dosing criteria. The MTUS recommendation for 20mg omeprazole daily appears to be prophylactic for patients at intermediate risk. But according to the internal medicine reports, this patient has a GI event. MTUS does not specify the dosage of omeprazole for treating a GI event, but does recommend use of PPI. The request for Omprazole as written for 20mg #60 appears to be in accordance with MTUS guidelines. Therefore the request is medically necessary.