

Case Number:	CM13-0051375		
Date Assigned:	06/09/2014	Date of Injury:	12/31/2008
Decision Date:	08/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/28/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 51-year-old diabetic man with history of high blood pressure who sustained a work related injury on December 31, 2008. He subsequently developed neck, hand/wrist, low back, and left hip pain. According to a progress report dated on September 12, 2013 the patient has been also complaining of sleep difficulty/insomnia and gastrointestinal discomfort along with diarrhea on occasion. Exam findings showed tenderness to the paravertebral muscles, spasms, reduced sensation in the left L5 dermatomal distribution, limited range of motion, 5/5 throughout lower extremity bilaterally except 4/5 left ankle dorsiflexors and extensor hallucis longus. Further findings showed two plus deep tendon reflexes and positive straight leg raise on the left. Exam of the lumbar spine showed limited range of motion on the left and tenderness to greater trochanter palpation. The patient's diagnoses included: lumbar radiculopathy; left greater trochanteric bursitis; diabetes and hypertension out of control; and sleep disorder. His treatment has included 24 physical therapy sessions to the left wrist, left hip and lower back; acupuncture; chiropractic; medications; prescribed diet; and a left hip cortisone injection. The provider requested authorization for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Omeprazole DR 20mg Once daily count #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AstraZeneca Pharmaceuticals (June 2004), Prilosec (omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is indicated when non-steroidal anti-inflammatory drugs (NSAIDs) are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: older than 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no recent documentation that the patient is taking NSAID or have GI issue that requires the use of prilosec. In this case, the patient was reported to have gastrintestinal symptoms with diarrhea. There is no documentation that the patient acid induced GI ulcers. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Omeprazole Dr 20 mg #30 prescription is not medically necessary.