

Case Number:	CM13-0054128		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2007
Decision Date:	03/10/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/08/2013

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 Utah. 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. 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 33-year-old female. She was injured on September 27, 2007. She has been diagnosed with lumbosacral disc degeneration, myalgia/myositis, major depressive disorder, personality disorder, and pain syndrome. Her treatment course has included physical therapy, and medications; including but not limited to: hydrocodone/APAP, gabapentin, Xanax, Cymbalta, Lamotrigine, lithium, Seroquel, and Ambien. Her physical exam findings from September 27, 2013 revealed a mildly antalgic gait. She is tender to palpation of the lumbar paraspinals, over the spinous processes, over the left gluteus, as well as the piriformis. The document states she is limited in her range of motion in lumbar flexion. Muscle testing is reported as 5/5, with reflexes at 2/4. The current request is for Omeprazole and Celebrex. It is also noted, in this same progress report that the patient reports that she previously had reflux, for which she was taking Omeprazole. The exact dates of when she previously took Omeprazole are unclear according to the clinical documents. In the clinical documents, it is noted that the patient was previously taking Celebrex, but it was unclear why she stopped taking it. The exact dates to previously taking Celebrex are unclear according to the clinical documents. According to the clinical documents, while she does had reported reflux in the past, there is no indication that she has symptoms of reflux currently, and lack of evidence that she is at increased risk for gastrointestinal complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Omeprazole DR 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Pain, Prilosec Å® (omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: In the clinical documentation, it is noted that she has had a history of reflux in the past, and was on Omeprazole. The exact dates to previously taking Omeprazole are unclear according to the clinical documents. According to the clinical documentation, while she did have reported reflux in the past, there is no indication that she has symptoms of reflux currently, and lack of evidence that she is at increased risk for gastrointestinal complications that would warrant the use of Omeprazole in this patient. According to California MTUS guidelines, increased risk is defined as: (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). The use of Omeprazole is not medical necessity.