

Case Number:	CM13-0054393		
Date Assigned:	12/30/2013	Date of Injury:	09/19/2012
Decision Date:	11/14/2014	UR Denial Date:	10/25/2013
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 Occupational 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 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 claimant was injured on 09/19/12. Omeprazole is under review. On 12/24/13, the claimant's diagnoses included lumbago, cervicgia, myalgia and myositis, lumbosacral spondylosis without myelopathy, and displacement of a lumbosacral disc without myelopathy. She had been injured while helping someone manage a wheelchair. She had ongoing cervical spine pain radiating to the right arm and pain from the left trapezius to her arm. She had numbness in her hands and fingers if she sleeps on her sides and had weakness in her arms. The symptoms are constant in severity 7/10. She had pain that was worse in her back. It was from the mid lumbar area to the right gluteal and cluneal area. Without gabapentin the burning goes to her calf. Her pain level is always at 9/10. She has had PT, injections, medications and was walking and stretching 3 times per week. Naproxen caused acid reflux or gastric symptoms and she had also takes Aleve, cyclobenzaprine and gabapentin. She denied a history of bleeding or chronic constipation. Physical examination revealed firm muscle knots in the cervical and shoulder regions. There were some trigger points and loss of range of motion about the neck and shoulders. She had tenderness of the low back with trigger points. There were no neurologic deficits. She was to continue naproxen and use tramadol to avoid GERD and use of more omeprazole. She had an AME on 12/23/13. Her medications included naproxen, cyclobenzaprine, omeprazole, gabapentin, and Aleve and she had mild muscle spasm and muscle tenderness with no trigger points. There was no facet joint dysfunction. She had limited range of motion of the shoulders. There was no description of gastrointestinal complaints. There is an appeal dated 10/19/13 regarding the omeprazole. She had a history of GERD while taking naproxen. She reported reflux on review of systems. This was noted on 11/07/12. She had long-standing issues with NSAIDs and needed to be on omeprazole to prevent gastric ulcers. There are some handwritten notes that are essentially illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for omeprazole 20mg #100, frequency unknown. The MTUS state regarding PPIs that "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 g four times daily) or (2) a Cox-2 selective agent." In this case, there is documentation of GI complaints, including GERD, that have been associated with the use of NSAIDs. However, it is not clear what benefit she gets from the use of chronic NSAIDs and she was reportedly using naproxen and Aleve so there may be some duplication of this medication which should be addressed. There is no evidence of any chronic inflammatory condition for which chronic use of NSAIDs and therefore, chronic use of a PPI to prevent gastric ulcers, is supported. There is no evidence of trials and failures of all other first line drugs, including acetaminophen or trials of local modalities such as ice or heat which may help to decrease her risk of gastric complications. The claimant reportedly takes NSAIDs but there is no description of objective measurable benefit or functional improvement to support the continued use of NSAIDs and thereby continued use of a PPI to prevent gastric ulcers. It is not clear whether the claimant has a true diagnosis of GERD versus gastric upset from medication use. The claimant's pattern of use of this medication and the benefit to her of its use are not entirely clear and there are no reports of subjective benefit with prevention of gastrointestinal symptoms despite the use of NSAIDs. The medical necessity of this request for omeprazole 20 mg has not been clearly demonstrated. Therefore the request is not medically necessary.