

Case Number:	CM13-0055412		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2011
Decision Date:	03/18/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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 Internal, 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 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 45-year-old right handed male with history of fall injury while working at [REDACTED] as a maintenance mechanic. The patient's pain killers give complete relief from pain. On June 22, 2011, the patient was walking when his left leg stepped into a 30-inch diameter hole that was 8-10 feet deep, jerking him down into the hole with his right leg staying above ground. The patient reports he fell to his chest level with both arms above ground and hit his back and left shoulder going down. The patient noted near immediate pain in his low back and right groin. Prior treatment history includes chiropractics, a lumbar epidural steroid injection, right hip injection and pain management. The treatments are as follow: 06/29/2011 therapeutic exercises, manual therapy, hot/cold packs. 07/06/2011 Motrin, Flexeril. 08/08/2011 Naproxen 500 mg 1 p.o chiropractic treatment. 01/30/2012, Norco Prilosec. 03/05/2012 the patient is no longer on Norco, now on OxyContin because of pain. 05/07/2012. The patient has not had any meds in over one month 12/17/2012 Analyte Hydrocodone, Hydromorphone, Meprobamate detected but no corresponding prescriptions provided. 01/03/13, an MRI (magnetic resonance imaging) of the left hip limited pelvis. Constellation of findings as described above concerning for pincer variant of femoroacetabular impingement with probable associated labral tear. 01/03/13, MRI of the right hip and limited pelvis without contrast. Acetabular labral areas of fraying are suggested as is acetabulum osteophyte formation. 01/16/13 Hydrocodone/Acetaminophen 7.5/500mg; Omeprazole 20 mg; Alprazolam 0.6mg, and Medrol patch #60. 10/22/2013 current medications, Norco 2x/day, Gabapentin 2x/day, Soma 2x/day, Xanax, 2x/day Prilosec. He notes his teeth are falling out. 01/16/2013 Urine Toxicology Review detected Hydromorphone, Meprobamate. 02/12/2013. Abnormal NCS (nerve conduction study) and normal EMG (Electromyography) of the bilateral lower extremities suggest the presence of a left S1 sacral radiculopathy. 02/13/2013 Urine Toxicology Review positive for Vicodin, Norco, Lortab, Hydrocodone. 03/13/2013 Urine

Toxicology Review positive for Vicodin, Norco, Lortab, Hydrocodone. 04/10/2013 Urine Toxicology Review positive for Vicodin, Norco, Lortab, Hydrocodone. 05/08/2013 Comprehensive Drug Panel w/III Hydrocodone detected. 06/05/2013 Comprehensive Drug Panel w/III Hydrocodone. 07/03/2013 Comprehensive drug panel w/III results Hydrocodone, Oxymorphone 07/12/2013 a quantitative drug screen resulted in detection of Acetaminophen, Meprobamale, Alphahydroxyalprazolam, Hydrocodone, Hydromorphone. 08/14/2013 Urine toxicology review Hydrocodone, Hydromorphone, Alphahydroxyalprazolam, carisoprodol, Meprobamale. 10/22/2013 Mild opiate dependency. The applicant was on OxyContin in the past, now is being managed on Norco 10 mg. twice per day. 10/22/2013 current medications, Norco 2x/day, Gabapentin 2x/day, Soma 2x/day, Xanax, and 2x/day Prilosec. He notes his teeth are falling out. On 11/01/2013 urine test performed. 11/11/2013 Electrodiagnostic studies Nerve Conduction Studies. Impressions: normal study. 11/13/2013 MIR knee without contrast. ACL (Anterior cruciate ligament) graft is deficient consistent with chronic re-tear. Tricompartmental osteoarthritis particularly affecting the medial compartment. Chronic low-grade intrasubstance partial-thickness tear of distal PCL (Poly(Îµ-caprolactone) fibers. Chronic MCL (medial collateral- ligament) sprain with edema tracking along the distal fibers. Subjective complaints: the patient complains of constant low back pain radiating to the left lower extremity with numbness and tingling, constant bilateral hip pain, constant right knee pain, anxiety, depression, insomnia. Pain without medications 10/10 with medications 7/10. Lumbar range of motion; decreased in all planes, and SLR (straight leg raise) is positive bilaterally. The patient ambulates with a cane. Antalgic

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 a proton pump inhibitor (PPI) and is recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. This patient appears to have chronic lower back pain and has been treated with multiple medication therapy. The provider has prescribed omeprazole 20 mg for the treatment of GI (gastrointestinal) irritation; however, there is no documentation that the patient is experiencing any symptoms of GI problems. Therefore, the medical necessity for omeprazole 20 mg # 120 has not been established and hence the request is non-certified.