

Case Number:	CM13-0068785		
Date Assigned:	01/03/2014	Date of Injury:	11/20/2009
Decision Date:	05/23/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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:

According to the records made available for review, this is a 54-year-old male with a 11/20/09 date of injury. At the time (11/25/13) of request for authorization for 30 omeprazole DR 20 mg, there is documentation of objective (cervical spine paravertebral muscle tenderness, spasm, positive Spurling test on the left; lumbar spine paravertebral muscle tenderness, spasm, restricted range of motion, positive straight leg raise bilaterally, and 4/5 muscle strength EHL and ankle dorsiflexion) findings, current diagnoses (cervical radiculopathy, lumbar radiculopathy, and major depression), and treatment to date (activity modification, psychotherapy, Physical Therapy (PT), and medications (docusate sodium, orphenadrine ER, Tramadol, and omeprazole)). There is no documentation of risk for gastrointestinal event including age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 OMEPRAZOLE DR 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (G).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular R.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, lumbar radiculopathy, and major depression. However, there is no documentation of risk for gastrointestinal event including age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for 30 omeprazole DR 20 mg is not medically necessary.