

Case Number:	CM13-0070163		
Date Assigned:	01/03/2014	Date of Injury:	10/29/2008
Decision Date:	06/11/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Internal Medicine, and is licensed to practice in Washington DC, and Virginia. 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:

This was a 48-year-old man who sustained an injury on Oct 29, 2008, after he was hit by a truck. He then suffered back pain and right leg pain. He underwent knee surgery for fractures and a torn meniscus on May 18, 2011. He was seen by his treating physician on Oct 2, 2012 and given tramadol and pantoprazole. He was diagnosed with lumbar radiculopathy and hypertension. He had ongoing issues with lumbar spine pain. He was given medrox ointment, ketoprofen, omeprazole, orphenadrine, norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20 MG ONCE DAILY #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), Page(s): 68.

Decision rationale: According to the Chronic Pain Guidelines, the clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. To determine if the patient is at risk for gastrointestinal events consider: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3)

concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID and a low-dose ASA. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. The recommendations are for: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs (e.g, ibuprofen, naproxen, etc.); Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor) or a (2) a Cox-2 selective agent; Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary; Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If the cardiovascular risk is greater than GI risk, the suggestion is naproxyn plus low-dose aspirin along with a PPI. From the documentation provided, there is no evidence that this patient was at intermediate risk for gastrointestinal events and therefore omeprazole would not be indicated.