

<b>Case Number:</b>	CM14-0000770		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, hypertension, and reflux reportedly associated with an industrial injury of May 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; proton pump inhibitors; epidural steroid injection therapy; and blood pressure lowering medications. In a Utilization Review Report dated December 24, 2013, the claims administrator denied a request for Omeprazole and Ramipril, both retrospectively and prospectively. A December 3, 2013 mental health progress note was notable for comments that the applicant should remain off of work, on total temporary disability, while employing BuSpar, Lexapro, and Wellbutrin for anxiety and depression. A December 2, 2013 medical process note is notable for comments that the applicant reported persistent low back and knee pain. The applicant was on Lipitor, Ativan, Lexapro, Wellbutrin, and Zestril, it was stated. The applicant was an obese individual with a weight of 310 pounds. The applicant's blood pressure was relatively well controlled at 129/76. The applicant was asked to consider an epidural steroid injection and/or total knee arthroplasty procedure. An earlier note of November 4, 2013 was again notable for comments that the applicant was off of work, on total temporary disability, owing to chronic low back pain. In a handwritten note dated June 14, 2013, the applicant's internist issued the applicant with prescriptions for reflux and Ramipril. The applicant was given diagnoses of hypertension and esophageal reflux. The applicant was asked to return in three months. The applicant's blood pressure was reportedly well controlled at 120/80. The applicant had no new complaints at that point in time. Reflux was not described. Little or no narrative commentary was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE USAGE OF OMEPRAZOLE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs) non-steroidal anti-inflammatory drugs, GI Symptoms, and Cardiovascular Risks Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of Omeprazole, a proton pump inhibitor, in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of reflux, heartburn, or dyspepsia on any recent progress notes. The sole progress note on which gastritis or GERD was mentioned as a diagnosis did not elaborate or expound upon the same. The applicant's earlier response to Omeprazole was not detailed or described. Therefore, the request for Omeprazole is not medically necessary.

**PROSPECTIVE USAGE OF OMEPRAZOLE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs) non-steroidal anti-inflammatory drugs, GI Symptoms, and Cardiovascular Risks Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Omeprazole, a proton pump inhibitor, in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file is sparse and makes little or no mention of issues related to dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. While the attending provider made some brief allusion to reflux as being one of the stated diagnoses in an earlier handwritten progress note, said progress note was sparse and contained little or no narrative commentary. There was no indication that this was an active issue or historical issue. Therefore, the request for Omeprazole retrospectively is not medically necessary.

**RETROSPECTIVE USAGE OF RAMIPRIL: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Physician's Desk Reference (PDR), Ramipril Drug Guide.

**Decision rationale:** The MTUS does not address the topic of Ramipril. However, as noted in the Physician's Desk Reference (PDR), Ramipril or Altace is indicated in the treatment of hypertension, either alone or in combination with Thiazide Diuretics. In this case, the applicant does carry a diagnosis of hypertension, longstanding, well controlled with usage of Ramipril, an ACE inhibitor. Continuing the same is therefore medically necessary, medically appropriate, and indicated here. Therefore, the request is medically necessary.

**PROSPECTIVE USAGE OF RAMIPRIL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Physician's Desk Reference (PDR), Ramipril Drug Guide.

**Decision rationale:** Again, the MTUS does not address the topic. However, as noted in the Physician's Desk Reference (PDR), Ramipril, an ACE inhibitor, is indicated in the treatment of hypertension, either as monotherapy or in combination with Thiazide Diuretics. In this case, the attending provider has posited that ongoing usage of Ramipril, an ACE inhibitor has resulted in well-controlled hypertension. Continuing Ramipril, on balance, is therefore indicated. Accordingly, the request is medically necessary.