

Case Number:	CM14-0001024		
Date Assigned:	01/22/2014	Date of Injury:	10/09/2006
Decision Date:	06/13/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/03/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 44 year old male injured on 10/09/06 when he slipped on a wet floor injuring his neck and low back. The current diagnoses included chronic pain, lumbar radiculopathy, right foot pain, and morbid obesity. The clinical documentation dated 02/14/14 indicated the injured worker presented complaining of low back pain radiating to the right lower extremity rated at 8/10 with medications and 9/10 without. The injured worker reported activities of daily living were limited in areas of self-care and hygiene, activity, ambulation, sleep, and sexual activity. The injured worker previously underwent transforaminal epidural steroid injection at L3 through 5 with greater than 80% overall improvement. The current medications included Hydrocodone 10/325mg BID and Tylenol #4 BID PRN which allowed the injured worker to function. Multiple instances of inconsistent urine drug screens were noted. The injured worker had a history of narcotic drug abuse. A clinical note dated 10/25/13 indicated long term use of Norco caused GI upset therefore Omeprazole 20mg one PO BID PRN was prescribed. The initial request for pharmacy purchase for Omeprazole 20mg #60 was initially non-certified on 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE FOR OMEPRAZOLE 20 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2010 Revision, Web Edition and Official Disability Guidelines, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The clinical documentation indicates the injured worker has developed gastric upset as a result of long-term narcotic use. As such, the request for pharmacy purchase for Omeprazole 20 MG #60 is recommended as medically necessary.