

Case Number:	CM14-0003140		
Date Assigned:	01/29/2014	Date of Injury:	06/04/2006
Decision Date:	06/20/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	01/07/2014

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 Internal 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:

This is a 45-year-old male range operator with a 6/4/06 date of injury after falling down stairs. He is status post a C5/6 anterior cervical discectomy and fusion on 10/12/7, a C4-7 anterior cervical discectomy and fusion on 7/18/10 with subsequent removal of hardware as well as a total disc replacement at C6/7, as well as an interbody fusion on 3/12/12, L4 to S1 hardware removal on 6/14/13, left knee synovectomy with lateral meniscectomy and debridement of ACL on 8/23/13. He has a diagnosis of lumbosacral neuritis and chondromalacia patellae. The patient has been on Naproxen since 1/28/13 and ketprofen since 12/6/11, as well as omeprazole since 5/24/12. The patient was noted to complain of stomach upset with naproxen on a 5/22/13 office visit but continued use. The last clinical exam noted was on 9/25/where the patient was noted to have tenderness with spasm in the cervical spine and pain with motion, as well as pain in the left knee with flexion as well as crepitus and positive patellar compression test. On 11/19/13 the patient was still noted to be on Naproxen, ketopofen, and Omeprazole by [REDACTED]. A UR decision on 12/6/13 denied the request for omeprazole given a simultaneous request for Naproxen was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DELAYED RELEASE 20MG 1 TAB EVERY 12 HOURS AS NEEDED:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient is noted to be on two NSAIDS chronically, Naproxen since 1/28/13 and ketoprofen since 12/6/11. There is no indication that the patient has stopped using these medications. This medication was not approved apparently because the patient's Naproxen wasn't approved, but ketoprofen is also an NSAID and per MTUS chronic NSAID use is a reason to use a proton pump inhibitor such as omeprazole. Therefore, the request for Omeprazole Delayed Release 20mg 1 tab every 12 hours as needed was necessary for up to a one month supply. The request is medically necessary.