

Case Number:	CM14-0006481		
Date Assigned:	02/07/2014	Date of Injury:	02/12/2003
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology and is licensed to practice in Massachusetts, New Jersey and 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 57 year old male who sustained an injury on 02/12/03. No specific mechanism of injury was noted. The injured worker has been followed for ongoing chronic low back pain following a previous lumbar fusion. The injured worker has also been followed for complaints of neck pain and rib fractures. The injured worker also described ongoing complaints of headaches. Previous medical conditions included the development of H.pylori infection which was treated with antibiotics. The injured worker did have a prior ulcer history as well as hypertension. The injured worker has had past use of Omeprazole. The injured worker is noted to have had a non-industrial related appendectomy in November of 2013. The clinical report with [REDACTED] on 11/21/13 noted persistent headaches as well as low back pain radiating to the lower extremities. The injured worker's current medication regimen has included Kadian 20mg every 12 hours as well as Percocet 10/325mg up to twice a day for severe breakthrough pain. The injured worker was utilizing Lyrica 150mg twice daily as well as topical analgesics. Other medications included Tizanidine and Omeprazole secondary to gastrointestinal symptoms caused by medications as well as Laxacin for constipation. On physical examination, the injured worker reported his pain was controlled with medications at 5/10 on the VAS. There continued to be tenderness to palpation in the lumbar midline with loss of lumbar range of motion. Hypoesthesia was noted in a left L5-S1 distribution. Follow up with [REDACTED] on 12/17/13 noted the injured worker was stable in regards to low back pain radiating to the lower extremities as well as daily headaches with the current medication regimen. No change on physical examination was noted. The injured worker returned for follow up with [REDACTED] on 01/15/14. No changes in symptoms were noted and the injured worker continued to report stable pain with current medications. The injured worker's physical examination findings were

unchanged. No changes to medication recommendations were noted. The requested medication Omeprazole 20mg, quantity 60 was denied by utilization review on an undetermined date.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG BID #60: Overturned

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

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: In regards to Omeprazole 20mg, quantity 60, this reviewer would have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker is taking multiple medications to include muscle relaxers, anticonvulsants, and multiple narcotic medications. The injured worker has had a prior medical history of an H.pylori infection that was treated with antibiotics. The patient has also had a prior history of ulcers. Due to gastric side effects from the current medication regimen, Omeprazole was prescribed and has been beneficial to date. Given the clear evidence of both gastrointestinal side effects from the current medication regimen as well as the patient's prior gastrointestinal history, this reviewer would have recommended this medication as medically necessary.