

Case Number:	CM14-0109910		
Date Assigned:	08/01/2014	Date of Injury:	03/02/2013
Decision Date:	10/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 Family 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 32-year-old male patient who reported an industrial injury to the back on 3/2/2013, 18 months ago, attributed to the performance of his usual and customary job tasks as a carpenter reported as falling from a height of 10 feet. The patient is being treated for the diagnoses of lumbar spondylolisthesis; degenerative disc disease; radiculitis/neuritis; myofascial pain; and depression. The patient has been prescribed sertraline 50 mg; ketoprofen 75 mg; omeprazole 20 mg; and topiramate 25 mg. The patient has received physical therapy; activity modifications; acupuncture; TENS unit; chiropractic therapy and the prescribed medications. The MRI dated 5/14/2013, documented evidence of anterior spondylolisthesis of L4 on L5 secondary to spondylolysis of the bilateral L4 pars interarticularis, degenerative disc disease of L4-L5, and neural foraminal stenosis at bilateral L4-L5. The EMG/NCV of the bilateral lower extremities demonstrated evidence of a lumbar radiculopathy at left L4 and bilateral L5. The patient reported having relief with medications and was noted to have a normal gait and limited range of motion to the lumbar spine with tenderness. The treatment plan included a CT scan of the lumbar spine. The patient was prescribed omeprazole 20mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Omeprazole 20mg, #60 DOS: 6/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gastrointestinal symptoms and cardiovascular risks.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routinely for prophylaxis with the prescribed medications. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is not documented to be taking NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole 20mg, #60. There is no documented functional improvement with the prescribed omeprazole.