

Case Number:	CM14-0117268		
Date Assigned:	08/06/2014	Date of Injury:	09/29/2005
Decision Date:	10/03/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55 year-old male with a 9/29/05 date of injury. The patient was seen in Feb 2014 complaining of prior intolerance to non-steroidal anti-inflammatory drugs (NSAIDS) and his NSAIDS were discontinued. The patient was seen on 5/28/14 with complaints of neck and back pain 4-6/10, with radiation and associated numbness down all extremities. The patient was noted to be on Norco, Tramadol, and Elavil. His pain was noted to be decreased by 60% with his pain medications. Exam findings revealed normal gait and tenderness to palpation in the left paraspinal region with spasm. There is decreased range of motion in the neck and lumbar spine as well as decreased sensation in the C5 and C6 dermatomes on the right and the L4-S1 dermatomes in the left. The diagnosis is lumbosacral radicular, lumbar degenerative disease, and cervical degenerative disease and radiculopathy with multiple cervical disc herniations. Treatments up to date are medications. An adverse determination was received on 1/17/14 given the patient the patient was not noted to have any significant gastrointestinal symptoms or concurrent use commonly associated with stomach upset that would support the treatment with a proton pump inhibitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 capsules of Omeprazole 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with gastrointestinal (GI) disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor (PPI) used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There is no report of gastrointestinal complaints or chronic NSAID use. In addition, the documentation lacks information regarding how this medication benefits the patient. Therefore, the request for omeprazole was not medically necessary.