

Case Number:	CM14-0155983		
Date Assigned:	09/25/2014	Date of Injury:	12/02/2010
Decision Date:	10/27/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine and Rehabilitation 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 48-year-old male with a 12/2/10 date of injury, when he injured his back while pulling boxes out from underneath a rack. The patient was seen on 8/4/14 with complaints of continued pain that was relieved with Tramadol and anti-inflammatory medications. Exam findings of the cervical spine revealed pain with extension and lateral bending to right and left. There was weakness in the left upper and lower extremity and the patient was unable to lift his arms overhead. The examination of the lumbar spine revealed muscle spasms in the paraspinal musculature and the patient's gait was antalgic. There was diminished sensation in the bilateral lower extremities, left greater than right. The note stated that the patient was taking Diclofenac, Tramadol and Omeprazole. The diagnosis is cervical/thoracic/lumbar pain with multilevel disc herniations and myelopathy with progressive neurologic dysfunction in the left lower extremity. Treatment to date: medications. An adverse determination was received on 8/23/14 given that the provider indicated that the Omeprazole was to reduce prophylactically gastritis with NSAID use, however intermediate risk for gastric events was not documented. In addition, Diclofenac was not supported and without use of a steroidal anti-inflammatory drug the need for Omeprazole was not evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter. Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole)

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. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. The progress notes indicated that the patient was using Omeprazole at least from 12/4/13 and the medication was prescribed for prophylaxis of gastritis due to chronic NSAIDs use. However, there is a lack of documentation indicating that the patient suffered from gastrointestinal symptoms before the use of Omeprazole. 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. The patient also was noted to be on Tramadol and it is not clear if he was chronically using NSAIDs. In addition, the UR decision dated 8/23/14 indicated that the patient's treatment with NSAID was not supported. Therefore, the request for Omeprazole DR 20mg #60 is not medically necessary.