

Case Number:	CM14-0156543		
Date Assigned:	09/26/2014	Date of Injury:	10/04/1988
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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:

The patient is a 70 year-old man who was injured at work on 10/4/1988. The injury was primarily to his neck. He is requesting review of denial for Omeprazole 20mg #30 tablets. Medical records corroborate ongoing care for his injuries. These records include the Primary Treating Physician's Progress Reports. His chronic diagnoses include: Spondylosis, Cervical; Failed Back Syndrome, Cervical; Degenerative Disc Disease, Cervical; and Facet Joint Syndrome. He had previously been treated with radiofrequency ablation to the C2-3 and C3-4 areas. His medication regimen includes: Hydrocodone/APAP and Omeprazole. There are no listed NSAIDs on his medication list.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg capsule, delayed released 1 tablet once a day PRN for 30 days #30:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Proton Pump Inhibitors (PPI), such as Omeprazole. Typically, this class of medication is used under certain conditions when a patient is being simultaneously treated with a NSAID. The guidelines state that the clinician should "determine if the patient is at risk for gastrointestinal (GI) events." The risk factors for a GI event are as follows: (1) Age > 65 years. (2) History of peptic ulcer, GI bleeding or perforation. (3) Concurrent use of ASA, corticosteroids, and/or an anticoagulant. (4) High dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients deemed to be at intermediate or high-risk for a GI event should be provided with a PPI. In this case, the only identified risk is the patient's age. There is no documentation to indicate that the patient has a history of a peptic ulcer, GI bleeding or perforation. There is no documentation to indicate that the patient is concurrently using ASA, corticosteroids, and/or an anticoagulant. There is no documentation to indicate that the patient is concurrently being prescribed an NSAID. Therefore, there is insufficient documentation to indicate that this patient meets MTUS criteria for being at intermediate or high-risk for a GI event. Omeprazole is not considered as a medically necessary treatment.