

Case Number:	CM14-0165802		
Date Assigned:	10/10/2014	Date of Injury:	07/02/2010
Decision Date:	11/28/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

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 New Jersey. 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 worker is a 51 year old male who was injured on 7/2/2010. He was diagnosed with lumbago. He was treated with physical therapy, chiropractor treatments, acupuncture, epidural steroid injection, medications (including primarily opioids), and cognitive behavioral therapy. The worker had used NSAIDs (Celebrex), but developed a GI bleed during its use, according to the notes available for review. He was also treated with Omeprazole. On 9/10/14, the worker was seen by his primary treating physician reporting Tramadol helping his pain, but he experienced continual low back pain. He also reported depression. Physical examination findings included decreased range of motion of the lumbar spine. He was then recommended to continue his previously recommended medications including Tramadol, Nucynta (previously denied), and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, who developed a gastrointestinal bleed related to NSAID use, he at the time of the request was not using an NSAID, which was stopped after his bleeding event appropriately. However, there is no evidence found in the documents provided for review showing this worker was at an elevated risk for gastrointestinal events while not taking an NSAID, which was the cause of his bleed. Therefore, it seems medically unnecessary and inappropriate to continue Omeprazole chronically if he is not taking an NSAID as proton pump inhibitors are not without side effects.