

Case Number:	CM14-0172223		
Date Assigned:	10/23/2014	Date of Injury:	02/19/2001
Decision Date:	12/02/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine and is licensed to practice in Indiana. 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 employee is a 69 year old female with date of injury of 2/13/2001. A review of the medical records indicates that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine with radiculopathy. Subjective complaints include continued pain in her lower back, with radiation down bilateral lower extremities. She also reported abdominal pain and acid reflux. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals and positive straight leg raise bilaterally. Treatment has included Ambien, Methadone, Norco, and Senakot. The utilization review dated 9/26/2014 denied Omeprazole 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40 Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and Cardiovascular Risk Factors Page(s): 68.

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

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The employee used Aciphex (another Proton Pump Inhibitors (PPI's)) for 3 years before it was denied. The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other Gastrointestinal (GI) risk factors, other than age as outlined in MTUS. Use of a PPI for longer than 1 year is not recommended. As such, the request for Omeprazole 40mg is not medically necessary. The employee used Aciphex (another PPI) for 3 years before it was denied. The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors, other than age as outlined in MTUS. Use of a PPI for longer than 1 year is not recommended. As such, the request for Omeprazole 40mg is not medically necessary.