

Case Number:	CM14-0174133		
Date Assigned:	10/27/2014	Date of Injury:	02/19/2008
Decision Date:	12/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/21/2014

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 45-year-old male with a 2/19/08 date of injury. According to a progress report dated 9/22/14, the patient reported his pain level as 7/10 without medication and 7/10 with medication. His current medication regimen consisted of ibuprofen and omeprazole. Objective findings: steady gait, left + TTP lumbar facets joints L2 to L4, pain with facet loading maneuvers, left ankle dorsiflexion weakness, bilateral lumbar radicular signs. Diagnostic impression: lumbosacral spondylosis, herniated nucleus pulposus, lumbar degenerative disc disease, pain in thoracic, disorders sacrum. Treatment to date: medication management, activity modification, lumbar Epidural Steroid Injection. A Utilization Review (UR) decision dated 9/26/14 denied the request for omeprazole. There was no clear detail provided as to why the patient requires the prescription Omeprazole and why the patient could not use an over-the-counter medication as needed for any Gastrointestinal (GI) complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Omeprazole

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDS, GI Symptoms, and 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, Gastroesophageal Reflux Disease (GERD), erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, Proton Pump Inhibitors (PPI's), 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. In the present case, the patient is noted to be taking the NSAID, Ibuprofen. Guidelines support the prophylactic use of Omeprazole in patients utilizing chronic opioid therapy to prevent gastrointestinal adverse effects. Therefore, the request for Omeprazole 20mg #30 for the lumbar spine is medically necessary and appropriate.