

Case Number:	CM14-0020184		
Date Assigned:	02/21/2014	Date of Injury:	05/08/2008
Decision Date:	06/26/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/19/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 64-year-old female who reported an injury when she was pulling a banquet cart from the elevator when she felt pain in her left hip and low back and reported it on 05/08/2008. In the clinical note dated 01/31/2014, the injured worker complained of lower backache and left hip pain. She was noted as stating that her left hip pain had decreased since an SI joint injection was performed. It was documented that no new problems or side effects had occurred and that the injured worker's quality of sleep was good and her activity level had remained the same. It was also noted that the injured worker was taking prescribed medications and that the prescribed medications were working well with no side effects. The prescribed medications of the injured worker were documented as Lyrica 100 mg, omeprazole/bicarbonate 20/1, and Ultracet 325/37.5 mg. In the review of systems, the injured worker was noted as stating that she had heartburn, indigestion and rectal pain. An MRI of the lumbar spine dated 07/16/2008. The physical examination of the lumbar spine revealed restricted range of motion with flexion limited to 40 degree, extension limited to 10 degrees and pain. Upon palpation of the paravertebral muscles, hypertonicity, spasms and tenderness were noted on both sides. A straight leg raise test was positive on the left side, sitting at 75 degrees. Tenderness was noted over the coccyx sacroiliac spine with tenderness to touch over the tailbone. The physical examination of the left hip revealed swelling, restricted range of motion with pain, tenderness over the SI joint, and trochanter. A positive Gaenslen's test, Faber's test, Gillette's sign and Patrick's sign was noted on the left side. The diagnoses included lumbar radiculopathy, hip pain, sacroiliitis, sacroiliac pain, low back pain and disorder of coccyx. The treatment plan included an x-ray of the coccyx/tailbone to rule out fracture and a consideration of an LESI (lumbar epidural steroid injection) to address the low back pain with radiculopathy if pain worsened and

encouragement of a daily home exercise program and stretching. Prescribed medications to be refilled were Ultracet 325/37.5 mg, Lyrica 100 mg and omeprazole/bicarbonate for GI (gastrointestinal) distress resulting from medications and a request for authorization for a functional restoration program evaluation. The Request for Authorization for medication authorization for one (1) omeprazole-bicarbonate 20-1,100 cap20-1.0mg-gram for once a day #30 for GI distress was submitted on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE-BICARB 20-1, 100 CAP 20-1, 1MG GRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Page(s): 6.

Decision rationale: The MTUS Chronic Pain guidelines state that to determine if the injured worker is at risk for gastrointestinal events the following criteria should be evaluated: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA). Long-term proton-pump inhibitor (PPI) use (greater than 1 year) has been shown to increase the risk of hip fracture. In the clinical notes provided for review, it is not documented if the injured worker had a history of peptic ulcer; GI bleeding or perforation; concurrent use of aspirins, corticosteroids and/or an anticoagulant; or high dose/multiple NSAID use. Also, it is unclear in the clinical documentation how long the injured worker had been on omeprazole/bicarbonate. It was also noted that the injured worker denied any problems or side effects with the prescribed medications, however, it was noted that she complained of heartburn, indigestion and rectal pain. As such, it was unclear if the GI distress was contributed to the use of prescribed medications or the duration of the complaint of gastrointestinal upset. Also, the efficacy of the medication was not provided and the frequency of the medication was not provided in the request as submitted. Therefore, the request for omeprazole/bicarbonate 20/1 at 100 cap 20/1 and 1 mg gram is not medically necessary and appropriate.