

Case Number:	CM14-0020257		
Date Assigned:	04/25/2014	Date of Injury:	09/18/2013
Decision Date:	07/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 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:

According to the records made available for review, this is a 60-year-old male with a 9/18/13 date of injury. At the time (2/4/14) of request for authorization for Omeprazole 20 mg #60, there is documentation of subjective (pain in both elbows, pain in the low back affecting the lower extremities, pain over the left knee) and objective (marked tenderness bilaterally over the medial epicondyle, bilateral lumbar paraspinous tenderness, left knee medial and lateral joint line tenderness) findings, current diagnoses (bilateral upper extremity and elbow sprain/strain with evidence of medial epicondylitis, lumbar spine sprain/strain with bilateral lower extremity radicular symptoms, left knee sprain/strain rule/out internal derangement), and treatment to date (medications (including Norco, Naprosyn 550 mg BID, and Trazodone)). 1/17/14 medical report identifies that the patient finds the combination of Norco with naproxen beneficial for pain control but has complaints of dyspepsia, and a request for trial Omeprazole 20 mg b.i.d. for dyspepsia due to medication, particularly the Naprosyn #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses of bilateral upper extremity and elbow sprain/strain with evidence of medial epicondylitis, lumbar spine sprain/strain with bilateral lower extremity radicular symptoms, left knee sprain/strain rule/out internal derangement. In addition there is documentation of usage of Naprosyn 550 mg b.i.d and dyspepsia. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20 mg #60 is medically necessary.