

Case Number:	CM14-0029484		
Date Assigned:	04/09/2014	Date of Injury:	04/17/2006
Decision Date:	07/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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 47-year-old male with a 4/17/06 date of injury. The patient was seen on 9/19/13 for ongoing back pain with radiation to the extremities rated at 6-7/10 on a pain scale. His medications include Norco, Tramadol, and Prilosec. No side effects were noted. The exam findings revealed decreased range of motion of the cervical, thoracic, and lumbar spine, decreased sensation in the right C5 and C6 dermatomes, as well as left L4-S1 dermatomes. Decreased strength was noted in the upper extremities and lower extremities. His diagnosis is multilevel HNP of the cervical and lumbar spine with stenosis with radiculopathy, chronic pain syndrome, and recurrent gastritis. The patient was instructed to avoid nonsteroidal anti-inflammatory drugs and was placed on Omeprazole for his recurrent gastritis ion 3/7/13. He has not had any symptoms of gastritis noted since being put on Omeprazole. Treatment to date included medications and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Omeprazole.

Decision rationale: The CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAIDs therapy. The patient is noted to have a history of recurring gastritis and was prescribed Omeprazole for this on 3/7/13. He was instructed to avoid anti-inflammatories by his physician due to the recurring gastritis. However, the patient is documented to have a history of recurring gastritis who must avoid NSAIDs and who's gastritis resolved with the use of Omeprazole. Therefore, the request as submitted was medically necessary.