

Case Number:	CM14-0032464		
Date Assigned:	03/19/2014	Date of Injury:	02/25/2001
Decision Date:	04/22/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

The patient is an employee of [REDACTED] and submitted a claim for causalgia of the lower limb associated with an industrial injury date of February 25, 2001. Treatment to date has included opioid and non-opioid pain medications, sedatives, laxatives, and topical and transdermal pain medications. Medical records from 2013 to 2014 were reviewed showing the patient complaining of constant 8/10 left foot pain due to reflex sympathetic dystrophy, which has affected the patient's activities of daily living. Physical exam demonstrated abnormal swelling of left ankle with allodynia and decreased range of motion. The patient has been on a cocktail of medications ranging from MS Contin, Ativan, Ambien, Lidoderm, Topamax, trazodone, and Savella. Gastrointestinal (GI) complains include diarrhea and vomiting. The patient had GI upset the previous use of Elavil but has since stopped this medication. Omeprazole has been prescribed since September 2013 with limited assessment of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG 1 BID 30 Dy, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are recommended in cases where patients are at risk for gastrointestinal events such as high doses or multiple NSAID intake. In this case, omeprazole has been prescribed since September 2013. While the patient has a variety of pain medications, the progress notes did not indicate the patient taking long-term NSAIDs. A history of gastrointestinal disease was not indicated in the progress notes either. Therefore, the request for Omeprazole 20mg, #60 is not medically necessary.