

Case Number:	CM14-0034338		
Date Assigned:	06/20/2014	Date of Injury:	01/19/2005
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 a 73 year old female with an injury date of 1/19/2005. The primary diagnosis is lumbar spinal stenosis. Operative reports document the patient had lumbar facet injections at Left L3-4, L4-5 and L5-S1 on 11/6/2013 and Right L3-4, L4-5 and L5-S1 on 11/13/2013. According to the progress report dated 11/26/2013, the patient presented for follow-up for her neck pain, lower back pain radiating to the bilateral lower extremities worse on the right. Report states she had 70% overall decrease in lower back pain and stiffness following the bilateral facet injections in November 2013, and her radicular pain is in control from past lumbar epidural steroid injections. She is taking Vicodin ES, Prilosec, ketoprofen/gabapentin/lidocaine rub and tramadol/baclofen rub with some pain relief. She reports she was able to decrease Vicodin ES to 1 tablet QD and occasionally 2 tablets QD as needed for pain. She has occasional episodes of severe pain with indiscreet movement of the neck and left upper extremity. Increase activities aggravate her pain. Physical examination documented limited range of motion of the lumbar spine in all directions secondary to pain, tenderness, stiffness, minimal tenderness over the lumbar spinous processes and interspaces from L3 to S1. She has significant tenderness over the facets, tightness, tenderness, and trigger points of the lumbar musculature glutes and piriformis muscles bilaterally, positive sitting straight leg raise at 45 on the right and 55 on the left, diminished bilateral patellar and absent bilateral Achilles reflexes, and diminished sensation empty right L4, L5, and S1 nerve root distributions. Medication prescriptions were refilled, she still had rubs. According to an office visit report dated 12/17/2013 the patient presented for treatment of a productive cough. Request is for pharmacy purchase for Omeprazole 20 mg #45 for DOS: 1/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for Pharmacy Purchase of Omeprazole 20mg #45 for DOS 01/21/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The CA MTUS guidelines state medications such as Prilosec (Omeprazole) may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Although the patient is over 65 years old, none of the other above listed criteria apply to this patient. The medical records document the patient's medication regimen has included Prilosec. However, there is no documentation of G.I. distress and the patient does not take oral NSAIDS. The medical records do not include any supportive correlating subjective/objective findings documented in a current medical report that would establish medical necessity of Prilosec. The request is not medically necessary.