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| Case Number: | CM14-0039898 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 02/26/2007 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/04/2014 |

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:

This is a 52-year-old patient with a 2/26/07 date of injury. The mechanism of injury was not noted. According to a 3/22/14 progress note, the patient complained of continued lower back pain that comes and goes, sometimes the pain radiates to the lower extremities. Medications help with pain about 40-50% of the time and keep his pain under control and improve activities of daily living. Objective findings: decreased lumbar ROM, tenderness to palpation of lumbar spine. Diagnostic impression: lumbar degenerative disc disease, lumbosacral/thoracic neuritis or radiculitis, spinal stenosis/lumbar region, lumbar facet syndrome, lumbar radiculopathy. Treatment to date: medication management, activity modification, and TENS. A UR decision dated 3/27/14 denied the request for Omeprazole. In the absence of adverse side effects from the current medication profile and lacking a record of gastrointestinal disease for which the PPI is otherwise required for the treatment of a distinct medical disorder, the medical necessity for the continued prescribing of Omeprazole cannot be established based upon guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterFDA (Prilosec).

Decision rationale: 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 NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. There is no documentation in the reports reviewed that the patient is suffering from any gastrointestinal symptoms. In fact, it is documented in several progress notes that the patient does not have any side effects from medications. In addition, there is no documentation that the patient is on an NSAID. Furthermore, there is no quantity of the medication submitted with this request. Therefore, the request for Omeprazole 20 mg is not medically necessary.