

Case Number:	CM14-0042046		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2004
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 a 44 year old male, DOI 11/29/04. He has developed chronic low back pain and is treated with medications and periodic trigger point injections. Due to a suspected radiculopathy a recent lumbar MRI was completed which show wide spread moderate spondylosis, but there are no compressive changes centrally or stenosis involving the nerve roots. Medications include oral opioids, topical NSAIDs and a sleep aid. No oral NSAIDS are reported. The records reviewed do not document any G.I. symptoms nor is there any other documentation that addresses the massive amounts of Omeprazole recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg qid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI RISK Page(s): 68. Decision based on Non-MTUS Citation <http://www.rxlist.com/prilosec-drug/indications-dosage.htm>.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI) utilized to diminish stomach acid secretion. The usual dose for most medical indications is 20mg/day. There are some rare

distinct conditions for which 40mg/day is recommended on a short term basis. The patient does not have these conditions. At 40mg. per day the effects of the PPI are maximized. This is not a benign medication with long term use being associated with the potential of increased hip fractures. Long term use is also associated with increased pulmonary infections and with dysregulation of biological metals in the blood stream. Without specific clear indications for this massive dosing of Omeprazole there is no rationale for an exception to recommended dosing. Therefore, the request for Omeprazole 20mg qid is not medically necessary.