

Case Number:	CM14-0052953		
Date Assigned:	07/07/2014	Date of Injury:	02/05/2004
Decision Date:	08/28/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 60-year-old female with a 2/5/04 date of injury. The mechanism of injury was not noted. According to a 1/20/14 progress note, the patient complained of back pain radiating down her left leg to her knee. The patient has decreased feeling in her left lower extremity. She has been falling because of decreased sensation in her leg. The leg pain is much worse than her lower back pain. Objective findings: tenderness midline back, tenderness left and right paraspinals, tenderness right sacroiliac joint, decreased sensation in the L4-L5 and S1 distribution on the left side. Diagnostic impression: degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy. Treatment to date: medication management, activity modification. A UR decision dated 4/4/14 denied the requests for Omeprazole and Vicodin ES. Regarding Omeprazole, there are no objective physical examination findings or documentation of a past medical history of GI symptoms to support the medical necessity of this medication. The claimant is taking an anti-inflammatory medication, but is not noted to be at high risk for GI events to support the medical necessity of Omeprazole. Regarding Vicodin ES, the medical records presented to be reviewed do not document any significant increased function with ongoing use of an opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg (DOS 1/20/13): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

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. Omeprazole 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. It is documented in the reports reviewed that the patient is utilizing the NSAID, naproxen. Guidelines support the use of omeprazole in patients on chronic NSAID therapy. The quantity is not noted in this request, however, a progress report dated 9/23/13 documented that the patient has been prescribed 60 tablets. Therefore, the request for Omeprazole 20mg (DOS 1/20/13) is medically necessary.

Vicodin ES 7.5/750mg (DOS 1/20/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, a urine drug screen dated 8/7/13 was inconsistent for hydrocodone, the opioid medication in Vicodin ES. There is no documentation that the provider has addressed this issue. Therefore, the request for Vicodin ES 7.5/750mg (DOS 1/20/14) was not medically necessary.