

Case Number:	CM14-0053681		
Date Assigned:	07/07/2014	Date of Injury:	02/15/2011
Decision Date:	10/01/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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 Anesthesiology, 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:

This is a 61-year-old female with a 2/15/11 date of injury. Multiple notes are reviewed however handwritten and largely illegible. They state that the patient has completed acupuncture, lumbar pain radiating to the left upper extremity, difficulty with ambulation and weakness. The 6/28/13 physical exam status tenderness lumbar spine with spasms, positive straight leg raise, positive Faber's with decreased left L4 reflex and diminished sensation L4 dermatome. This note describes a request for Vicodin and Remeron. The 3/21/14 progress report describes pain across buttocks into the left leg. The patient was pending and AME for possible pain management consultation. Vicodin was discontinued and Norco was initiated. Prilosec was dispensed on a prescription form dated 3/21/14. The request here was 40 Omeprazole 20 mg 30 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG Quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Workers' Compensation, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG (Pain Chapter) Proton pump inhibitors (PPIs)

Decision rationale: The prior adverse determination for Omeprazole was reviewed describing no evidence of medication-induced gastrointestinal complaints requiring treatment with a proton pump inhibitor. No additional medical records have been provided that described the need for a proton pump inhibitor. MTUS Chronic Pain Medical Treatment Guidelines support the use of proton pump inhibitors at patients with at least intermediate risk for gastrointestinal events. ODG states that the use of a PPI should be limited to the recognized indications and used for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. A trial of Omeprazole or Lansoprazole is recommended before Nexium, Protonix, Dexilant, and Aciphex. No such risk stratification or predisposition has been documented. Therefore, this request is not medically necessary.