

Case Number:	CM14-0067492		
Date Assigned:	07/11/2014	Date of Injury:	10/17/2003
Decision Date:	09/03/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 and is licensed to practice in Texas. 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 52 year old male who sustained an industrial injury on 10/17/2003. The patient presented for pain management re-evaluation on 4/1/2014. He complains of increased pain in the right groin and lateral hip, has pain radiating down the right leg in the L5 and S1 distribution. He complains of ED. He reports unchanged pain level rated 7/10 in the neck/shoulders, 8/10 in the right side and right leg/foot. He reports increased left foot pain. Past medical history documents denial of any history of ulcers. Medications include Viagra, Celebrex, Losartan Potassium, Docusate Sodium, Omeprazole and Lidoderm Patch. ROS reveals no GI complaints. Physical examination documents tenderness, antalgic gait, limited lumbar ROM, and neurologically intact examination. Treatment plan includes continue current medications, ice/moist heat, started on Celebrex and Viagra, peripheral nerve block, follow-up, consider LESI. The patient presented for pain management re-evaluation on 7/8/2014. He reports pain is unchanged since last visit. He complains of increased pain in the right groin and lateral hip, has pain radiating down the right leg in the L5 and S1 distribution. He complains of ED. He reports unchanged pain level rated 8/10 in the neck/shoulders, 9/10 in the right side and right leg/foot. He reports unchanged left foot pain. Past medical history documents denial of any history of ulcers. Medications include Lidoderm patch, omeprazole, gabapentin, Celebrex, simvastatin, losartan potassium, docusate sodium. ROS reveals no GI complaints. Physical examination documents tenderness, antalgic gait, limited lumbar ROM, and neurologically intact examination. Diagnoses: 1. Lumbago; 2. Lumbar disc degeneration; 3. chronic pain syndrome; 4. Mononeurtis NOS; 5. cervical disc degeneration; 6. Ilioinguinal pain bilateral s/p hernia. Treatment plan includes continue current medications, refilled Lidodoerm and omeprazole, EMG BLE, follow up, authorization for meds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Proton pump inhibitors (PPIs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The guidelines state PPIs such as 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). However, none of these criteria apply to this patient. The medical records do not establish any of these potential significant risk factors apply to this patient. The ODG states PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical records do not include supportive correlating subjective/objective findings documented in a current medical report that would establish Omeprazole is medically indicated. The medical necessity of Omeprazole is not medically necessary.