

Case Number:	CM14-0067509		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2003
Decision Date:	10/01/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/11/2014

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 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 injured worker is a 56-year-old male who reported an injury on 03/14/2003. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc derangement at multiple levels, lumbar radiculitis/radiculopathy, bilateral knee pain, bilateral chondromalacia patella, lateral meniscus tear right knee, right shoulder strain due to chronic use of cane, anxiety and depression. Previous treatments included medication and physical therapy. Diagnostic testing included an MRI. Within the clinical note dated 04/17/2014, it was reported the injured worker complained of increased pain in both knees. He complained of moderate to severe pain in the low back radiating into the right lower extremity with intermittent numbness and tingling in the right lower extremity. The injured worker complained of pain in the right shoulder aggravated by the use of a cane. He complained of experiencing anxiety and depression. Upon the physical examination of the lumbar spine, the provider noted tenderness to palpation of the paravertebral muscles bilaterally. The provider indicated the injured worker had swelling of the bilateral knees, along with tenderness to palpation of the medial and lateral joint line. Upon examination of the right shoulder, the provider noted tenderness to palpation. The provider requested for omeprazole. However, the rationale is not provided for clinical review. The Request for Authorization was submitted and dated on 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for omeprazole 20 mg is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include, over the age of 65, a history of peptic ulcer, gastrointestinal bleed or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleed and events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from, NSAID usage include stopping the NSAID, switching to a different NSAID, and adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. The documentation submitted did not indicate the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia, secondary to NSAID therapy. Therefore, the request is not medically necessary.