

Case Number:	CM14-0069483		
Date Assigned:	06/30/2014	Date of Injury:	10/05/1994
Decision Date:	08/27/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 48-year-old man who sustained a work related injury on October 5, 1994. Subsequently, he developed chronic low back pain. According to the progress report dated March 6, 2014, the patient has been complaining of chronic, severe, intractable low back pain and left lower extremity radicular pain with numbness and tingling. He underwent at least 2 back surgeries, including lumbar fusion in 1995. The patient suffers from severe anxiety and depression related to the work injury. Last MRI, performed on February 19, 2013, showed L4-5 DDD (degenerative disc disease), annular tear, HNP (herniated nucleus pulposus), and L5-S1 DDD and DJD (degenerative joint disease) without change from previous examination. The patient failed conservative therapies including anticonvulsant medications, opioids and antidepressant medications. He also was reported to have medication-induced gastritis. The patient has also failed to respond to physical therapy and multiple interventions of modalities. The patient had a trial of spinal cord stimulation done January 21, 2014 with a reported 60% improvement of his symptoms. Physical examination noted decreased range of motion of his lower back due to pain. He had a positive left-sided straight leg raising and difficulty ambulating. He had decreased strength in his right lower extremity and numbness in his left lower extremity. His reflexes were diminished in both extremities. The patient's current medications include: Norco, Omeprazole, Fluoxetine, Xanax, and Dicloxacillin sodium. The patient was diagnosed with lumbar postlaminectomy syndrome, lumbar degenerative disc disease, lumbosacral spondylosis, anxiety, and radiculopathy. The provider requested authorization for Omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medication review for Omeprazole 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; Physician's Desk Reference, 68th ed; www.rxlist.com; ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/forumlary.htm; drugs.com; Eporates Online, www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator - AMDD Agency Medical Director's Group Dose Calculator, www.agencymeddirectors.wa.gov.

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no recent documentation that the patient is taking NSAIDs. Although the patient was reported to have a history of gastritis, there is no recent documentation that his gastritis is active and there is no recent documentation of active GI issue that requires the use of Omeprazole. There is no recent documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #30 prescription is not medically necessary.