

Case Number:	CM14-0069902		
Date Assigned:	07/14/2014	Date of Injury:	02/20/2012
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal 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:

Patient is an injured worker with the diagnoses lumbar strain and sprain, muscle spasms of the lumbar spine from L1-S1, right leg radiculopathy, right leg sciatica, right leg paresthesias, right leg antalgic gait, and myalgia/myositis. Date of injury was 02-20-2012. Patient has complaints of chronic neck and back pain. Progress report dated 12/17/2013 noted low back pain that went down the right leg as well as tightness and spasms. Objective findings on physical examination included pain, tenderness, and muscle spasms at levels L1-S1; a positive straight leg raise test on the right at 40 degrees; decreased ranges of motion in all planes; and decreased sensation to light touch and pinprick in a dermatomal distribution in the right leg. A lumbar MRI report from 12/4/2012 showed the presence of an annular disc tear at L5-S1 with generalized disc bulge resulting in mild central canal stenosis. Lumbar spine x-rays, performed on 12/12/2013, demonstrated soft tissue swelling, decreased range of motion, and L5-S1 disc narrowing. Diagnoses included lumbar strain and sprain, muscle spasms of the lumbar spine from L1-S1, right leg radiculopathy, right leg sciatica, right leg paresthesias, right leg antalgic gait, and myalgia/myositis. The treatment plan included Hydrocodone 2.5mg/325mg, Diclofenac, Omeprazole, and Cyclobenzaprine. Due to the patient's history of upset stomach with NSAID use and to prevent gastritis, patient was prescribed Prilosec. The patient was advised to discontinue Naproxen as it was not helping. Progress report dated 01-16-2014 documented prescriptions for Prilosec Omeprazole 20 mg bid, Cyclobenzaprine, Diclofenac 100 mg BID, Hydrocodone 2.5/325. Tramadol ER. Patient has a history of stomach upset with non-steroidal anti-inflammatory drugs (NSAIDs) which can cause gastritis. Progress report dated 01-27-2014 documented prescription for Tramadol ER. Progress report dated 03-19-2014 documented a history of stomach upset with NSAIDs which can cause gastritis. Progress report dated 03-19-

2014 documented prescriptions for Diclofenac 100 mg bid #60, Prilosec Omeprazole 20 mg BID #60. Utilization review decision date was 04-14-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for omeprazole, 20 mg, Quantity 60, between 3/19/2014 and 3/19/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. Progress report dated 03-19-2014 documented a history of stomach upset with NSAIDs with can cause gastritis. Progress report dated 03-19-2014 documented prescriptions for Diclofenac 100 mg bid #60. Progress report dated 12/17/2013 documented prescription for Diclofenac, which is a NSAID. Medical records document that the patient has been prescribed NSAID long-term, and has a history of gastrointestinal symptoms with NSAID medications. Medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole, 20 mg, Quantity 60 is medically necessary.