

Case Number:	CM14-0175655		
Date Assigned:	10/28/2014	Date of Injury:	09/26/2006
Decision Date:	01/02/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 Maryland. 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 employee was a 54 year old male who sustained an industrial injury on 09/26/06 when he was holding a hose and fell while the hose was tugged. His diagnoses included left knee pain, patellofemoral pain status post left knee arthroscopy, low back pain, carpal tunnel syndrome and abdominal pain. MRI of lumbar spine from 1/16/14 revealed desiccated L5-S1 disc with moderate severe right and moderate left neural foraminal stenosis impinging on the right L5 nerve root. His prior treatment included aqua therapy, physical therapy and medications. The visit note from 08/12/14 was reviewed. Subjective symptoms included pain in his low back, poor sleep, depression, sleep disturbance and stiffness. Medications included Cialis, Miralax, Lidoderm patch, Colace, Biotene mouthwash, Ambien, Norco, Baclofen, Omeprazole, Phenergan, Gabapentin and Flector patch. Objective findings included left sided antalgic gait, limited lumbar flexion, paravertebral muscle spasms in lumbar spine, positive straight leg raising test, tenderness over SI joint, tenderness to palpation over the left knee and pertinent diagnoses included left knee pain. The request was for Omeprazole which helped him with gastritis and prevented nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, twice daily, #60: Upheld

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

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

Decision rationale: The injured worker was being treated for knee pain, low back pain and sleep disturbances. The request is for Omeprazole which is a proton pump inhibitor. According to the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. The information given in this case suggests that the employee was probably being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. There were no active GI symptoms. In addition, there was no documentation that he was on NSAIDs in conjunction with corticosteroids or anticoagulants and he is also younger than 65 years of age without any documented cardiovascular history. Therefore, the request for Omeprazole is not medically necessary.