

Case Number:	CM14-0186270		
Date Assigned:	11/14/2014	Date of Injury:	01/17/2014
Decision Date:	03/17/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 45 year old male, who sustained an industrial injury on 01/17/2014. He has reported subsequent neck, back, shoulder and upper extremity pain with radiation to the bilateral lower extremities and was diagnosed with lumbar and cervical sprain/strain, lumbosacral and cervical radiculitis and myofascial pain. Treatment to date has included oral pain medication, application of heat and ice, physical therapy, TENS unit and epidural steroid injection. In a progress note dated 09/30/2014, the injured worker complained of constant low back pain radiating to the bilateral lower extremities with numbness and tingling to the feet and upper back and upper extremity pain with numbness and tingling. The pain was rated as an 8/10. The injured worker was noted to be taking oral Fenoprofen for pain. The injured worker was noted to experience gastrointestinal discomfort after taking Fenoprofen. The physician noted that Omeprazole was being continued for gastrointestinal side effects of NSAID's. On 10/23/2014, Utilization Review non-certified a request for Omeprazole, noting that there was no documentation that the injured worker was at high risk for adverse gastrointestinal events when taking oral NSAID's, no reports that the injured worker had developed gastrointestinal symptoms with prior use of NSAID's and no reports of a condition for which proton pump inhibitor medications are indicated. MTUS Chronic Pain and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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 documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #60 is not medically necessary.