

Case Number:	CM14-0194384		
Date Assigned:	12/02/2014	Date of Injury:	10/27/2001
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/20/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 65 year old male with an injury date of 10/27/01. Based on the 10/24/14 progress report provided by treating physician, the patient complains of back pain rated 7-9/10, that radiates down the left lower extremity. The patient is status post lumbar fusion surgery at 4 levels on 04/18/14. Patient had "complications to surgery which include aspiration pneumonia, blood clots in his left leg, a filter was placed and was started on Coumadin." Patient has antalgic gait and ambulates with a cane. Physical examination to the lumbar spine revealed tenderness to palpation and two scars, one anterior vertical and one to right lumbar area. Scar tissue to the left and inferior aspects of the umbilicus that patient states causes discomfort with the lumbar support. Edema left leg 1-2+ and erythema of the left leg. Positive Hoffman on the left leg. Sensation intact on left lower extremity. Drop foot left. Patient's medications include Tramadol, Omeprazole, Warfarin and Amlod/Benazepril. Omeprazole has been prescribed in progress reports dated 04/05/14 and 11/19/14. Diagnosis 10/24/14, 11/19/14- pain thoracic spine- derangement of knee right and left, osteoarthritis- lumbar degenerative disc disease status post surgery 04/18/14- lumbosacral or thoracic neuritis or radiculitis left lower extremity- myofascial pain- status post left and right knee total replacement 04/27/12 and October 2005, stable. The utilization review determination being challenged is dated 11/10/14. The rationale is: "records do not indicate the patient was currently taking NSAID medication nor had gastrointestinal complaints..." Treatment reports were provided from 04/05/14 - 11/19/14.

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 NSAIDs.

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

Decision rationale: The patient presents with back pain rated 7-9/10, that radiates down the left lower extremity. The request is for OMEPRAZOLE 20MG. The patient is status post lumbar fusion surgery at 4 levels on 04/18/14, and left and right knee total replacement 04/27/12 and October 2005. Patient's diagnosis on 11/19/14 included derangement of knee right and left, osteoarthritis; lumbar degenerative disc disease; lumbosacral or thoracic neuritis or radiculitis left lower extremity; and myofascial pain. Patient had "complications to surgery which include aspiration pneumonia, blood clots in his left leg, a filter was placed and was started on Coumadin." Patient's medications include Tramadol, Omeprazole, Warfarin and Amlod/Benazepril. Omeprazole has been prescribed in progress reports dated 04/05/14 and 11/19/14. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater has not provided reason for the request. UR letter dated 11/10/14 states: "records do not indicate the patient was currently taking NSAID medication nor had gastrointestinal complaints..." Review of the reports do confirm that the patient is not on any NSAIDs to warrant a prophylactic use of the PPI. The reports do not describe any GI issues either. The request IS NOT medically necessary.