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| Case Number: | CM14-0194741 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 07/20/2010 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/07/2014 |
| 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 56 year old female with an injury date of 07/20/10. Based on the 08/25/14 progress report, the patient complains of back and leg pain. She rates her pain as a 10/10 and describes her low back pain as a stabbing pain. She has pins and needles sensation in her left leg and numbness in her right leg. The 09/22/14 report states that the patient continues to have persistent stabbing pain in the low back which goes down the bilateral legs. She rates her back and left leg pain as an 8/10 and her right leg pain as a 4/10. The 10/20/14 report indicates that the patient's low back pain is rated as an 8/10 and her bilateral leg pain is at a 6/10 on the left and 9/10 on the right. She has an antalgic gait on her left, walks with a limp, and uses a cane to ambulate. There is tenderness over the paraspinous musculature of the thoracic and lumbar regions. Muscle spasm is noted over the thoracic and lumbar spine on the left. The patient has decreased sensation at the L4 and L5 dermatomes on the left. The patient's diagnoses include the following: 1.Status post L5-S1 fusion with removal of hardware and screw replacement on the right, 2.Sleep disorder, 3.Gastrointestinal pain, 4.Hypertension. The utilization review determination being challenged is dated 11/06/14. Treatment reports were provided from 06/02/14- 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: According to the 10/20/14 report, the patient presents with low back pain, right leg pain, and left leg pain. The request is for OMEPRAZOLE 20 MG #100. MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and GI bleeding or perforation. 3.) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.) High-dose/multiple NSAID. MTUS page 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."The patient has been taking Omeprazole as early as 06/02/14. The patient is currently taking Norco and Omeprazole. The 10/20/14 report states that "long-term use of Norco has caused some GI upset." However, other this statement, there is no other discussion such as what this medication is doing for the patient. It is also not clear how Norco is upsetting the patient's stomach. The patient is not on any NSAIDs. Given the lack of discussion as to this medication's efficacy, and lack of rationale for its use, the on-going use of Prilosec IS NOT medically necessary.