

Case Number:	CM14-0196643		
Date Assigned:	12/04/2014	Date of Injury:	06/24/2014
Decision Date:	01/22/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, 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 59-year-old female with a date of injury of 06/24/2014. According to treatment report dated 10/28/2014, the patient presents with sharp shooting pain in the left lower extremity down to the left ankle. The pain is rated as 9/10. The patient also complains of midback pain with no radiation, numbness, or tingling. The patient's current medication regimen includes Norco, cyclobenzaprine, and omeprazole. The patient reports that heat therapy and TENS unit have been helpful for pain control. The pain decreases to 4/10 - 5/10 with treatment and increases to 10/10 without. The patient has occasional heartburn and acid reflux but better with ranitidine. The listed diagnoses are: 1. Thoracic sprain/strain. 2. Vertebral fracture. The treatment report is for refill of medications and trial of chiropractic sessions. This is a retrospective request for omeprazole 20 mg 2 tablets b.i.d. #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20mg 2 tabs BID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: This patient presents with midback and lower extremity complaints. The current request is for retro omeprazole 20 mg 2 tablets b.i.d. #120. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is 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. The medical file provided for review includes 2 progress reports dated 10/28/2014 and 11/03/2014. It is unclear when the patient was first prescribed this medication. Although the treater notes "occasional heartburn and acid reflux" there is no indication that the patient is taking a NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. The requested Omeprazole IS NOT medically necessary.