

Case Number:	CM14-0199373		
Date Assigned:	12/10/2014	Date of Injury:	05/29/2014
Decision Date:	01/22/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 50 year old female who was injured on 5/29/2014 involving her low back, right elbow, right hip, left arm, and left shoulder after falling down a flight of stairs. She was diagnosed with lumbar disc herniation with radiculopathy and chronic lumbar pain. She was treated with medications (including NSAIDs and opioids), modified activity, physical therapy, and epidural injections. Before this injury the worker had a history of low back problems resulting in lumbar spinal surgery in 2001. On 8/11/14, the worker was given Naprosyn and Prilosec "to protect her stomach" as well as tramadol and Norco by her primary treating physician. On 9/25/14, the worker was seen by her pain management physician reporting continual low back pain with radiation to her legs, numbness in her right leg, bilateral hand numbness, and constipation/diarrhea. She reported restricted duty at work. She also reported using tramadol, hydrocodone/APAP, and naproxen sodium for pain relief, as well as omeprazole for "stomach problems" which were not further described. No report was included in the progress note of any side effects of these medications. She denied any gastrointestinal problems or any other medical history besides hypothyroidism. Physical examination findings included weight: 226 lbs., non-tender abdomen, and normal bowel sounds. She was recommended to continue her present medications, including her omeprazole for her "stomach pain," as well as undergo an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID GI Symptoms & Cardiovascular Risk Page(s): 68.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, she was given omeprazole apparently as a preventative measure rather than for a reported complaint of stomach pain, which was not found in the documents provided for review. However, there was no evidence to show that this worker had an elevated risk of gastrointestinal events to justify long-term use of omeprazole, regardless of her chronic NSAID use, which is also not favorable. Therefore, the omeprazole is not medically necessary to continue.