MAXIMUS Federal Services

Case Number:	CM14-0200171		
Date Assigned:	12/10/2014	Date of Injury:	04/07/1997
Decision Date:	01/29/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 64-year-old gentleman who reported low back and neck pain on 04/07/1997 after he slipped on a boulder. Diagnoses included cervical degenerative joint disease (DJD), lumbar spine DJD, myofascial pain, depression, and gastroesophageal reflux disease (GERD) secondary to the use of non-steroidal anti-inflammatory drugs (NSAIDs). Treating physician notes dated 10/27/2014 and 12/08/2014 indicated the worker was experiencing headaches, lower back, and neck pain. The treatment recommendations included continued use of a NSAID medication. These records reported the worker had a history of gastritis in the past that related to the use of NSAID medication. A Utilization Review decision was rendered on 11/12/2014 recommending non-certification for sixty tablets of omeprazole DR 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 72, 75, 80-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Mental illness, antidepressant medications, www.nil.nih.gov

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

MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Omeprazole: Druge Information. Topic 9718, version 144.0. UpToDate, accessed 01/13/2015.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing headaches, lower back, and neck pain. These records reported the worker had a history of gastritis due to NSAID use in the past. This is a potentially serious complication from this medication. It is expected that omeprazole may be used to treat the condition, but the worker would not continue to take NSAID medication. There was no discussion sufficiently supporting the use of this medication in this setting. In the absence of such evidence, the current request for sixty tablets of omeprazole 20mg is not medically necessary.