

Case Number:	CM14-0203459		
Date Assigned:	12/16/2014	Date of Injury:	10/18/2002
Decision Date:	05/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 48-year-old female, who sustained an industrial injury on October 18, 2002. She reported an injury to the lower back when she slipped and fell. The injured worker was diagnosed as having chronic low back pain with degenerative disc disease which is severe at multilevel at L4-L5 region, intrathecal pain pump with multiple issues and problems with frequent adjustments an inadequate control of symptoms, status post repeat fusion of L4-L5 and L5-S1 in 2011, with persistent low back pain and worsening symptoms with different distribution, complications of chronic constipation related to opiate medication use, carpal tunnel syndrome status post-surgical intervention with returning symptoms in the bilateral upper extremities, right shoulder status post-surgical intervention and repair, and status post fall lumbar injury aggravation. Treatment to date has included right knee arthroscopic surgery 2008, physical therapy, electromyography (EMG) of the upper extremities, lumbar surgery 2009, intrathecal pump, MR Arthrogram of the lumbar spine, right shoulder surgery, and medication. Currently, the injured worker complains of ongoing chronic back problems, with upper extremity symptoms. The Primary Treating Physician's report dated November 12, 2014, noted the injured worker had recently had a MR Arthrogram of the lumbar spine. The injured worker was noted to have an antalgic gait, using a cane for ambulation. Physical examination was noted to show persistent loss of the right shoulder range of motion (ROM) with signs of impingement as well as adhesive capsulitis, with a positive drop test on the right side, with weakness suggestive of further damage inside the shoulder. The lumbar spine was noted to have the muscles guarded and

tender to palpation with multiple trigger points of discomfort, with L5-S1 radiculopathy as well as dermatomal distribution of altered sensation down both lower extremities that was persistent and worsening. Straight leg raise was positive immediately at 20 degrees of flexion in both sides of her back. The injured worker was noted to have ecchymosis on the right hip from a recent fall. The treatment plan was noted to include refills of her medication Fenoprofen, being placed on prophylactic gastric protection with Omeprazole, and a script for Soma for temporary control of spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: MTUS and ODG states, 'Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).' And 'Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44).' The medical documents provided do establish the patient as being treated with high dose NSAIDs and having GI discomfort due to NSAID treatment. The patient has also seen a GI specialist and had an endoscopy. As such, the request is medically necessary.