

Case Number:	CM14-0203958		
Date Assigned:	12/16/2014	Date of Injury:	03/22/2000
Decision Date:	02/03/2015	UR Denial Date:	11/07/2014
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. The expert reviewer is Board Certified in Internal Medicine, 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:

This 62 year old injured worker (IW) has a date of injury of 03/22/2000. Her diagnoses include major depression disorder, displacement of the cervical intervertebral disc without myelopathy, displacement of the lumbar intervertebral disc without myelopathy, degeneration of the cervical intervertebral disc, degeneration of the lumbar or lumbosacral intervertebral disc, low back pain, sleep disturbance, and sprain of the neck and lumbar region. On 10/22/2014, the IW was seen by the primary attending physician for subjective complaints of pain in the neck, back, elbow and arms that she states is constant and rated at an 8/10. On examination she had a positive Spurlings test and tenderness over the paracervical musculature with no muscle spasm. The lumbar spine revealed tenderness, spasm, inability to heel/toe walk, decreased range of motion, pain with motion, and decreased strength. The plan was for Diclofenac XR 100 mg by mouth once daily for anti-inflammatory, Omeprazole 20 mg by mouth once daily to reduce nonsteroidal anti-inflammatory gastritis/prophylaxis, and a consultation for spine surgery. A request for authorization (ROA) was submitted for Omeprazole 20 mg #30, and Omeprazole 20 mg #30 which was prescribed and dispensed on date of service 10/22/2014, and Diclofenac XR 100 mg #60 prescribed and dispensed on date of service 10/22/2014, a referral for a second opinion for spine surgery, and a follow-up visit for re-evaluation. After a review of submitted records, the utilization review (UR) agency issued a letter on 11/07/2014 that certified the spine surgery consultation. The UR letter denied approval of the Omeprazole 20 mg #30 citing CA-MTUS (California Medical Treatment Utilization Schedule) page 68, and reasoning that the IW is not over the age of 65 and has no evidence of a significant increased risk for the noted guideline-associated gastrointestinal events, so the request was not considered medical necessary at the time and was not certified. The same citation and rationale was given for Omeprazole 20 mg

#30. An application for independent medical review was filed 12/01/2014 for Omeprazole 20 mg #30 and Omeprazole 20 mg #30 dispensed 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI and GI Effects Page(s): 67 and 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids; or high dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are medial epicondylitis right elbow; bursitis/tendinitis right shoulder; status post right shoulder arthroscopy, subacromial decompression, AC joint resection; cervical strain with multilevel disc protrusions; degenerative disc disease cervical spine; lumbar strain with multilevel disc protrusions; degenerative disc disease lumbar spine; right ankle strain; right hip greater trochanteric bursitis; and radiculitis bilateral lower extremities/neuropathic pain. There are no co-morbid conditions or past medical history/review of systems compatible with the risk factors enumerated above. Specifically, the injured worker does not have a history of peptic ulcer, G.I. bleeding, concurrent use of aspirin or steroid use. Consequently, absent the appropriate risk factors and/or documentation to support the ongoing use of Omeprazole, Omeprazole 20 mg #30 is not medically necessary.