

Case Number:	CM14-0205549		
Date Assigned:	12/17/2014	Date of Injury:	09/06/2000
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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 Preventive Medicine, and is licensed to practice in Indiana. 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 employee is a 59 year old female with date of injury of 9/6/2000. A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine with radiculopathy. Subjective complaints include continued pain in the lower back with shooting pain down right lower extremity. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals; positive straight leg raise on the right; electrodiagnostic studies from 3/17/2014 showed right L5 radiculopathy. Treatment has included epidural steroid injections, chiropractic manipulations, physical therapy, Nexium, Vicodin and Celebrex. The utilization review dated 11/24/2014 non-certified Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI's).

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

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) Age greater than 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 (greater than 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44).The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20 mg #30 is not medically necessary.