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| Case Number: | CM14-0207104 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 03/07/2000 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 71 year old female with the injury date of 03/17/00. Per physician's report 10/27/14, the patient has neck, shoulder, lower back pain at 5-6/10 with medications and 8-9/10 without medications. The patient has difficulty doing any type of activity. The patient feels that "the medications are helping decrease her pain and she has been able to do more. Norco is providing significant relief." The patient is not working. The lists of diagnoses are: 1. Chronic pain syndrome 2. Neck pain 3. Cervical strain 4. Cervical degenerative disc disease 5. Cervical disc pain 6. Cervical radiculopathy 7. Bilateral shoulder pain 8. Low back pain 9. Lumbar strain 10. Lumbar degenerative disc disease 11. Myalgia 12. Numbness 13. Depression 14. Anxiety The treater requested Omeprazole for GI upset with medications. Per 09/29/14 progress report, the patient has had 2 shoulder surgeries, physical therapy and massage therapy in the past. The patient is hesitate to take any type of medications at this time unless recommended by [REDACTED]. The patient is currently taking Norco for pain, Therma care patches for her neck and wrist pain and Aciphex for GERD. The patient has a medical history of liver disease, GERD and breast cancer with a left breast mastectomy. A CURES report was reviewed. Per 05/08/14 progress report, the patient has constant pain at 2-5/10 after taking pain medications and 6-8/10 before taking medications. "It takes 20 minutes after taking medications to get an improvement in pain and the improvement lasts for 4 hours." The utilization review determination being challenged is dated on 11/25/14. Treatment reports were provided from 04/10/14 to 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg: Overturned

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

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

Decision rationale: The patient presents with pain and muscle spasms in her neck, shoulders and lower back. The request is for Omeprazole DR 20 mg. The utilization review letter 11/25/14 denied this request stating, "No documentation the patient suffers from any GI issues. Furthermore, there are PPIs available over-the-counter and do not require a physician's prescription." MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the patient is 71 years old and prophylactic use of PPI would be indicated. The patient also has a medical history of GERD and has been utilizing Aciphex for GERD with benefit. The MTUS does not provide guidance regarding OTC vs. prescription and the treating physician should be able to prescribe for prescription strength treatment and oversight. The request is medically necessary.