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| Case Number: | CM14-0208922 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 05/31/2000 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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 Occupational 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:

Injured worker is a male with date of injury 5/31/2000. Per primary treating physician's progress report dated 7/16/2014, the injured worker complains of numbness into bilateral legs. He feels stabbing into low back and bilateral legs. He continues to complain of left neck pain that radiates into shoulder. He complains that he is still with depressive symptoms. He feels like new formulations of hydrocodone is causing more GI upset. Diagnoses include 1) lumbar spine radiculitis 2) lumbar spine post laminectomy 3) cervical spine radiculitis 4) depression. Medications prescribed include Lyrica, Norco, Zanaflex, Motrin, Omeprazole. Per chronic opioid physician's progress report dated 9/10/2014, the injured worker experiences GI upset that is alleviated with Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole (Good Sense Omeprazole) 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Proton pump inhibitors, such as omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. The injured worker is noted to be taking Motrin 800 mg three times daily, and has complaints of GI distress with the use of medications. This request is for Omeprazole 20 mg twice daily, and 20 mg once a day is recommended by the MTUS Guidelines for the treatment of patients at intermediate or high risk for gastrointestinal events with NSAID use. The request for Omeprazole (Good Sense Omeprazole) 20 mg #60 is determined to not be medically necessary.